

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713821 (7)
1. Corporation Name
FIRST BAPTIST CHURCH OF WINDERMERE, INC.



Principal Place of Business: P.O. BOX 769 WINDERMERE FL 34786
Mailing Address: P.O. BOX 769 WINDERMERE FL 34786

3. Date Incorporated or Qualified: 12/19/1967
4. FEI Number: 59-1263694
Applied For: Not Applicable

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent
JOHNSON, LEMUEL C.
4016 S. APAPKA-VINELAND ROAD
P.O. BOX 685
ORLANDO FL 32802

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	JOHNSON, LEMUEL C.	1.2 NAME	Johnston, Mark
STREET ADDRESS	4016 S. APOPKA-VINELAND	1.3 STREET ADDRESS	1133 Mission Ridge Ct.
CITY-ST-ZIP	WINDERMERE, FL 00000	1.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	D	2.1 TITLE	
NAME	WARREN, WELDON	2.2 NAME	
STREET ADDRESS	3612 LAKE BUYNAC ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	CROFOOT, FRANCES J.	3.2 NAME	
STREET ADDRESS	8823 BAY HILL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lemuel C. Johnson 2-10-98

CR2E037 (10/97)