## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 715774

(6)

FIRST BAPTIST CHURCH OF CRESCENT CITY, FLORIDA

Principal Place of Business Mailing Address 101 S SUMMIT ST 101 S SUMMIT ST 3. Date Incorporated or Qualified CRESCENT CITY FL 32112 CRESCENT CITY FL 32112 12/23/1968 4. FEI Number Applied For 59-2345867 Not Applicable Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired П 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Zio Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HANKEMEYER, (MRS.) MILDRED Street Address (P.O. Box Number is Not Acceptable) 82 **TOMPKINS ROAD** LAKE COMO, FL 83 32157 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE ☐ Change TITLE 1.1 TITLE HANKEMEYER, MILDRED NAME 1.2 NAME **TOMPKINS ROAD** STREET ADDRESS 1.3 STREET ADDRESS LAKE COMO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE MORRIS, LEE 2.2 NAME NAME BEULAH CHURCH ROAD STREET ADDRESS 2.3 STREET ADDRESS FRUITLAND FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE DAVIS, DON 3.2 NAME N. LAKE STREET STREET ADDRESS 3.3 STREET ADDRESS CRESCENT CITY FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 4.1 TITLE PUGH, BOB NAME 4 2 NAME LAKE COMO DRIVE 4.3 STREET ADDRESS STREET ADDRESS POMONA PARK FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITI F 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

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 chapted on an attachment with an address.

\*\*SIGNATURE:\*\*

\*\*Different Control of the corporation of 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 chapted. Hankemeyer

\*\*SIGNATURE:\*\*

\*\*SIGNATURE:\*\*

\*\*Provided Statutes\*\*

\*\*Author of the corporation of 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 chapted. Hankemeyer

\*\*SIGNATURE:\*\*

\*\*Author of the corporation of the corporation of 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 chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 617, Florida Statutes, and the statutes in Block 13 if chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 617, Florida Statutes, and the statutes in Block 13 if chapter 617, Flo

6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 64 CITY-ST-ZIP

DELETE

TITLE NAME

STREET ADDRESS

Jan. 22 1998 904-698-1578

☐ Change

■ Addition

**FILED** 

Feb 17 1998 8:00am

Secretary of State