


FILE NOW: FILING FEE IS \$61.25

FILED  
May 22 1997 8:00am  
Secretary of State

|   |  |  |  |
|---|--|--|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b>   |  |  FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham,<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| DOCUMENT # <b>716204</b> (3)<br>1. Corporation Name<br><b>DIXIELAND BAPTIST CHURCH, INC.</b>  |  |  |  |
| Principal Place of Business<br><b>404 W. BELMAR<br/>P.O. BOX 2133<br/>LAKELAND FL 33806-2133</b>  |  | Mailing Address<br><b>404 W. BELMAR<br/>P.O. BOX 2133<br/>LAKELAND FL 33806-2133</b>   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 25  |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 30  |  |
| 3. Date Incorporated or Qualified<br><b>03/14/1969</b>  |  | 3a. Date of Last Report<br><b>03/27/1996</b>   |  |
| 4. FEI Number<br><b>59-2411851</b>  |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees   |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |
| 9. Name and Address of Current Registered Agent<br><b>PEARSON, GARY H.<br/>1603 SOUTH UNITAH AVE.<br/>LAKELAND FL 33803</b>   |  | 10. Name and Address of New Registered Agent<br>81 Name <b>David Arrington</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>1128 Driggers Rd</b><br>83 <b>Lakeland</b><br>84 City <b>FL</b> 85 Zip Code <b>33803</b> |  |
| 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.<br>SIGNATURE <b>David Arrington</b> <b>DAVID ARRINGTON</b> <b>4-19-97</b><br>(NOTE: Registered Agent signature required when reinstating) DATE                      |  |  |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D Trustee</b> <input type="checkbox"/> DELETE<br><b>ARRINGTON, DAVID</b><br><b>1128 DRIGGERS ROAD</b><br><b>LAKELAND FL</b>               | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1.2 NAME<br><b>Ruth White</b><br>1.3 STREET ADDRESS<br><b>707 Park St</b><br>1.4 CITY-ST-ZIP<br><b>Lakeland FL 33803</b>                     | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D Trustee</b> <input type="checkbox"/> DELETE<br><b>IMES, HOWARD</b><br><b>609 CAREY PLACE</b><br><b>LAKELAND FL</b>                      | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D Trustee</b> <input checked="" type="checkbox"/> DELETE<br><b>YOUNG, FOY J. (MRS.)</b><br><b>1105 S. KING AVE.</b><br><b>LAKELAND FL</b> | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T Treasurer</b> <input type="checkbox"/> DELETE<br><b>IMES, TERESA</b><br><b>609 CAREY PLACE</b><br><b>LAKELAND FL</b>                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D Trustee</b> <input type="checkbox"/> DELETE<br><b>CONNERS, THEODORE</b><br><b>1104 S UNITAH AVE</b><br><b>LAKELAND FL</b>               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D Trustee</b> <input type="checkbox"/> DELETE<br><b>MILLER, TERRY</b><br><b>405 W HANCOCK</b><br><b>LAKELAND FL</b>                       |  |  |
| 14. I do 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: <b>Theodore Connors Incos</b> <b>4-19-97</b><br>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone # 0052807  |  |  |  |

CR2E037 (9/96)