

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90239 020 ****61.25

DOCUMENT # 716204

1. Corporation Name

DIXIELAND BAPTIST CHURCH, INC.

Principal Place of Business

404 W. BELMAR
P.O. BOX 2133
LAKELAND FL 33806-2133

Mailing Address

404 W. BELMAR
P.O. BOX 2133
LAKELAND FL 33806-2133

366307-90239-20 1 *



| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 03/14/1969 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-2411851 | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

ARRINGTON, DAVID
1128 DRIGGERS RD
LAKELAND FL 33809

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|---|
| TITLE | DT | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARRINGTON, DAVID | 1.2 NAME | |
| STREET ADDRESS | 1128 DRIGGERS ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 1.4 CITY-ST-ZIP | |
| TITLE | DT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IMES, HOWARD | 2.2 NAME | |
| STREET ADDRESS | 609 CAREY PLACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | DT | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, RUTH | 3.2 NAME | |
| STREET ADDRESS | 707 PARK ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | TT | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IMES, TERESA | 4.2 NAME | |
| STREET ADDRESS | 609 CAREY PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 4.4 CITY-ST-ZIP | |
| TITLE | DT | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONNERS, THEODORE | 5.2 NAME | |
| STREET ADDRESS | 1104 S LINTAH AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 5.4 CITY-ST-ZIP | |
| TITLE | DT | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, TERRY | 6.2 NAME | |
| STREET ADDRESS | 405 W HANCOCK | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Arrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99

941-686-1590

CR2E037 (11/98)