SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 26 1998 8:00am
Secretary of State

DOCUMENT # 716933 (7)

1. Corporation Name

RAINBOW LAKES BAPTIST CHURCH, INC

Principal Place of Business	Mailing Address
19756 SW BEACH BLVD. DUNNELLON FL 34431	C/O REV. DON MCMELLON 21208 S.W. HONEYSUCKLE ST. DUNNELLON FL 34431

3. Date Incorporated or Qualified: 07/29/1969

4. FEI Number: 59-1707169 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (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? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REV. JAMES W. HILBURN
21208 SW HONEYSUCKLE ST.
DUNNELLON FL 34431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 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 REV. JAMES W. HILBURN Rev. James W. Hilburn 8-10-98
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	MDS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REV. JAMES W. HILBURN		1.2 NAME		
STREET ADDRESS	21208 SW HONEYSUCKLE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL 34431		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, BILL		2.2 NAME		
STREET ADDRESS	17601 34TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL 34431		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☐ Change ☐ Addition
NAME	LAUBRICK, GORDON		3.2 NAME	MELBA LOVELY	
STREET ADDRESS	19868 SW 5TH PLACE		3.3 STREET ADDRESS	1966 S.W SANDS POINT	
CITY-ST-ZIP	DUNNELLON FL 34431		3.4 CITY-ST-ZIP	DUNNELLON, FLA. 34431	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: Rev. James W. Hilburn REV. JAMES W. HILBURN 8-10-98 351-4894938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #