

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717051** (7)
1. Corporation Name
FIRST BAPTIST CHURCH OF KEYSTONE HEIGHTS, INC.

Principal Place of Business 550 SE WALKER DRIVE KEYSTONE HEIGHTS FL 32656	Mailing Address 550 SE WALKER DRIVE KEYSTONE HEIGHTS FL 32656
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/28/1969	
4. FEI Number 59-1459578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAXWELL MARK 5617 CARIBBEAN CIRCLE KEYSTONE HEIGHTS FL 32656	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
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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	VD
NAME	BUTLER, C W	1.2 NAME	Russell Moore
STREET ADDRESS	560 SE LAKEVIEW DR	1.3 STREET ADDRESS	4746 Gadara Road
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	1.4 CITY-ST-ZIP	Keystone Heights, FL 32656
TITLE	J	2.1 TITLE	
NAME	JAROSZ, ROSALINE	2.2 NAME	
STREET ADDRESS	5321 CR 352	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	FUTCH, M.B.	3.2 NAME	
STREET ADDRESS	340 E WALKER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000	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	

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: Russell Moore

4-23-98

CR2E037 (10/97)