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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 717207 (5)

1. Corporation Name

DUNDEE BAPTIST CHURCH OF DUNDEE, FLORIDA, INCORP ORATED

Principal Place of Business	Mailing Address
202 MAIN ST. P O BOX 769 DUNDEE FL 33838	202 MAIN ST. P O BOX 769 DUNDEE FL 33838-0769

3. Date Incorporated or Qualified: 09/19/1969
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 1111 Scenic Highway
22 Suite, Apt. #, etc.
23 City & State: Dundee, Fl.
24 Zip: 33838 25 Country

2a. Mailing Address
26 P.O. Box 769
27 Suite, Apt. #, etc.
28 City & State: Dundee, Fl.
29 Zip: 33838 30 Country

4. FEI Number: 59-1438002 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEBB, JOHN
3200 WINDY HILL ROAD
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name: McKenzie, William
82 Street Address (P.O. Box Number is Not Acceptable): 909 Edmund Ave.
83 Dundee, Florida 33838
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: William McKenzie DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBB, JOHN 3200 WINDY HILL ROAD HAINES CITY FL 33844	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Duncan, Roger P.O. Box 1477 Dundee, Fl. 33838	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIRK, PHILLIP 708 ADAMS AVE. DUNDEE FL 33838	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Thompson, Russell 756 Masterpiece Rd. Lake Wales, Florida 33853	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POWELL, CECIL 314 7TH ST. DUNDEE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Small Winston 1008 Edmund Ave. Dundee, Florida 33838	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALMBURG, HARRY 401 FLORIDA AVE. APT. 1-C HAINES CITY FL 33844	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROWN, ARNOLD 1007 EDMUND AVE. DUNDEE FL 33838	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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: APPROVED 2/11 941-439-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0063585