## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

717207

(5)

## DUNDEE BAPTIST CHURCH OF DUNDEE, FLORIDA, INCORP **ORATED**

								ARKI BIBIK 3888	
Principal Place of Business Mailing Address						ili <b>dib</b> ili <b>dibi</b> i d	1011 01016 1001		
1111 SCENIC H	IGHWAY	P.O. BOX 769 P O BOX 769 DUNDEE FL 33836 US				3. Date Incorporated or Qualified			
P O BOX 769						09/19/1969			
DUNDÉE FL 336 US	538					4. FEI Number	TA	pplied For	
00		03				59-1438002		ot Applicable	
2. Principal Pla	ace of Business	2a. Mailing Address	3					Additional	
21 1111 Scenic How		26 P.O. Box 769				5. Certificate of Status Desired		equired	
21 1111Scenic Hwy Suite, Apt. #, etc		Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00		
22		27				Trust Fund Contribution	Added to		
City & State		City & State				7. Is this nonprofit corporation a homeowners association?			
23 Dundee, Florida		28 Dundee, Florida				Yes No			
l Zip	E Country 1 Zip I C		<b>⊢</b> —	Country		8. This corporation owes or has paid the cur			
24 33838	26	29 33838	30	<u> </u>				_] No	
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name				
	<b></b>		ļ	•'	name				
	DE, WILLIAM			82	Street Addres	Address (P.O. Box Number is Not Acceptable)			
	IUND AVE.			83		<u> </u>			
DUNDEE	FL 33838			83					
				84	City		85 Zip	Code	
44 0		500 017 4500 Fi	Dalaman about	L		PL PL		<u> </u>	
office or re	o the provisions or Sections 617.0 agistered agent, or both, in the Sta	ate of Florida. Such change	statutes, the at was authorized	ove-i dbyt	named corpor the corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the app	cnanging i iointment as	ts registered registered	
agent. I ar	m familiar with, and accept the ob	ligations of Section 617.050	03, Florida Stat	utes.	·				
SIGNATURE _	Signature, typed or printed name of registered				signature required	when reinstaling) DATE			
12.		AND DIRECTORS	(NUTE: Hagisterac	Agent	segnature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE	D	DELET		LE	$T_{\mathbf{D}}$	7.6.6.11.6.16.7.11.6.6.6.7.11.6.6.11.6.7.11.6.	Change	☐ Addition	
NAME	D. D. G. A. A. G.		1.2 N	ME	-	illip Kirk		_	
STREET ADDRESS	PO BOX 1477		1.3 STREET ADDRESS			8 Adams			
CITY-ST-ZIP	DUNDEE FL			TY-ST-	1 h				
TITLE	D	DELET			<del></del>	ndee, Florida 33838	Change	Addition	
NAME	THOMPSON, RUSSELL		2.2 N/	ME	ļ				
STREET ADDRESS	756 MASTERPIECE RD.		2.3 STREET ADORE		DORESS				
CITY-ST-ZIP	LAKE WALES FL			TY-ST-	- 7IP				
TITLE							Change	☐ Addition	
NAME	SMALL WINSTON		3.2 N	ME					
STREET ADDRESS	1008 EDMUND AVE.		3.3 \$1	REET A	DDRESS				
CITY-ST-ZIP	DUNDÉE FL		3.4. 0	ITY-ST-	- ZIP				
TILE	T	DELET					Change	Addition	
NAME	Brown, Arnold		4.2 N	AME					
STREET ADDRESS	1007 EDMUND AVE.		4.3 \$1	REET A	DORESS				
CITY-ST-ZIP	DUNDEE FL 33838		4.4 CI	<u>1Y-</u> S1-	- ZIP				
TITLE		☐ DETEA	Ē 6,1 TII	LE			Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 \$1	reet a	DDRESS				
CITY-ST-ZIP				TY-ST-	ZIP			<del></del>	
TITLE		DELET			-		Change	Addition	
NAME			6.2 N	ME					
STREET ADDRESS			6.3 ST	REET A	DDRESS				

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 of the receiver or trustee expowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

941-439-2345

**FILED** 

Apr 30 1998 8:00am

Secretary of State

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