


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 717224

1. Corporation Name

FIRST BAPTIST CHURCH OF LAKE BUENA VISTA, INC.

Principal Place of Business

11551 COUNTY ROAD 535
 ORLANDO FL 32836-6612
 US

Mailing Address

11551 COUNTY ROAD 535
 ORLANDO FL 32836-6612
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/22/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1311598

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

24

29

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EGGELING, PAUL C.
6006 SCOTS PINE COURT
ORLANDO FL 32819

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

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 | TRD | 1.1 TITLE | Tr/D |
| NAME | ROCKWELL, TONY | 1.2 NAME | |
| STREET ADDRESS | 8633 8TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32836 | 1.4 CITY-ST-ZIP | |
| TITLE | VMD | 2.1 TITLE | C/M/D |
| NAME | EGGELING, PAUL | 2.2 NAME | |
| STREET ADDRESS | 6006 SCOTS PINE COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32819 | 2.4 CITY-ST-ZIP | |
| TITLE | PDT | 3.1 TITLE | P/D |
| NAME | ZAY, BILL | 3.2 NAME | Irving W. Walling |
| STREET ADDRESS | 10370 POCKET LANE | 3.3 STREET ADDRESS | 381 Laurenburg Ln. |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | Ocoee, FL 34761 |
| TITLE | TRD | 4.1 TITLE | T/D |
| NAME | KILLGORE, CHUCK | 4.2 NAME | C. S. Killgore |
| STREET ADDRESS | 10555 SR 535 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32836 | 4.4 CITY-ST-ZIP | |
| TITLE | TRD | 5.1 TITLE | Tr/D |
| NAME | ZAY, ARTHUR | 5.2 NAME | Robert L. Engel |
| STREET ADDRESS | 5713 KINGSGATE DRIVE | 5.3 STREET ADDRESS | 11611 Vista View Dr. |
| CITY-ST-ZIP | ORLANDO FL 32839 | 5.4 CITY-ST-ZIP | Orlando, FL 32836 |
| 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, with all other like empowered.

SIGNATURE: C.S. Killgore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/99

(407) 238-9312

Date

Daytime Phone #

CR2E037 (1/98)