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Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 717399 (0)  
1. Corporation Name  
FIRST BAPTIST CHURCH OF ROCK SPRINGS, INC.



Principal Place of Business: PO BOX 1653 APOPKA FL 32712  
Mailing Address: PO BOX 1653 APOPKA FL 32712

3. Date Incorporated or Qualified: 10/21/1969

4. FEI Number: 59-1967748  
Applied For: Not Applicable

2. Principal Place of Business: 4490 N. Rock Springs Rd, APOPKA  
2a. Mailing Address: [Blank]  
22. Suite, Apt. #, etc.: [Blank]  
27. Suite, Apt. #, etc.: [Blank]  
23. City & State: APOPKA  
28. City & State: [Blank]  
24. Zip: 32712, Country: FLORIDA  
29. Zip: [Blank], Country: [Blank]

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$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: DESFORGES, JERRY, 2405 FAIRBLUFF ROAD, ZELLWOOD FL 32798

10. Name and Address of New Registered Agent: RONALD JOHNSON, 3600 TARPON DR, ORLANDO FL 32810

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: Ronald Johnson, DATE: 1-13-98

| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
|---|--|---|
| TITLE: ST<br>NAME: BOYER, DIANE<br>STREET ADDRESS: 718 ROLLING GREEN DR.<br>CITY-ST-ZIP: APOPKA FL        | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: DEACON<br>1.2 NAME: Bruce A. HART<br>1.3 STREET ADDRESS: 25815 TIMUQUANA DR<br>1.4 CITY-ST-ZIP: Sorrento FL 32776      |
| TITLE: D<br>NAME: JOHNSON, RONALD<br>STREET ADDRESS: 3600 TARPON DRIVE<br>CITY-ST-ZIP: ORLANDO FL         | <input type="checkbox"/> DELETE            | 2.1 TITLE: DEACON<br>2.2 NAME: JOSE VIOGA<br>2.3 STREET ADDRESS: 6218 STANWYN DR<br>2.4 CITY-ST-ZIP: APOPKA FL 32712              |
| TITLE: D<br>NAME: CHADWICK, HARGIS<br>STREET ADDRESS: 730 HAAS RD<br>CITY-ST-ZIP: APOPKA FL               | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE: Treasurer<br>3.2 NAME: Janet Freedom<br>3.3 STREET ADDRESS: 3316 WESTFORD DR<br>3.4 CITY-ST-ZIP: APOPKA FL 32776       |
| TITLE: T<br>NAME: FAIRCLOTH, ROBERT,<br>STREET ADDRESS: P.O. BOX 1942 N/A<br>CITY-ST-ZIP: APOPKA FL 32704 | <input type="checkbox"/> DELETE            | 4.1 TITLE: Secretary<br>4.2 NAME: Deborah R. Hart<br>4.3 STREET ADDRESS: 25815 TIMUQUANA DR<br>4.4 CITY-ST-ZIP: Sorrento FL 32776 |
| TITLE: T<br>NAME: WALKER, GENEVNA<br>STREET ADDRESS: 424 OLD DIXIE HY<br>CITY-ST-ZIP: PLYMOUTH FL         | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE: [Blank]<br>5.2 NAME: [Blank]<br>5.3 STREET ADDRESS: [Blank]<br>5.4 CITY-ST-ZIP: [Blank]                                |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                        | <input type="checkbox"/> DELETE            | 6.1 TITLE: 400002416824<br>6.2 NAME: -01/30/98--01014--003<br>6.3 STREET ADDRESS: ***\$61.25<br>6.4 CITY-ST-ZIP: [Blank]          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition  
1.2 NAME: Bruce A. HART  
1.3 STREET ADDRESS: 25815 TIMUQUANA DR  
1.4 CITY-ST-ZIP: Sorrento FL 32776

2.1 TITLE:  Change  Addition  
2.2 NAME: JOSE VIOGA  
2.3 STREET ADDRESS: 6218 STANWYN DR  
2.4 CITY-ST-ZIP: APOPKA FL 32712

3.1 TITLE:  Change  Addition  
3.2 NAME: Janet Freedom  
3.3 STREET ADDRESS: 3316 WESTFORD DR  
3.4 CITY-ST-ZIP: APOPKA FL 32776

4.1 TITLE:  Change  Addition  
4.2 NAME: Deborah R. Hart  
4.3 STREET ADDRESS: 25815 TIMUQUANA DR  
4.4 CITY-ST-ZIP: Sorrento FL 32776

5.1 TITLE:  Change  Addition  
5.2 NAME: [Blank]  
5.3 STREET ADDRESS: [Blank]  
5.4 CITY-ST-ZIP: [Blank]

6.1 TITLE: 400002416824  
6.2 NAME: -01/30/98--01014--003  
6.3 STREET ADDRESS: \*\*\*\$61.25  
6.4 CITY-ST-ZIP: [Blank]

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: Deborah R. Hart, 1/13/98, 467-881-2805

CR2E037 (10/97)