FILE NOW: FILING FEE IS $61.25

FILED
May 14 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 # 719642 (1)

1. Corporation Name
INDIAN RIVER BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5700 GRAHAM RD FORT PIERCE FL 34947-4307 US	5700 GRAHAM RD FORT PIERCE FL 34947-4307 US

3. Date Incorporated or Qualified: 11/05/1970

4. FEI Number: 59-1412608 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

TOWNSEND, NEVI A
1730 N DOVETAIL DR
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: Nevi A. Townsend
82 Street Address (P.O. Box Number is Not Acceptable): 5700 Graham Rd
83
84 City: Ft Pierce FL 85 Zip Code: 34947

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] 4/30/98
Signature, type 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	T	☒ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	GOSNEY, MARIE M.		1.2 NAME	Horne, Cindy	
STREET ADDRESS	458 BRIDLEWOOD WAY		1.3 STREET ADDRESS	3790 Spinnaker Court	
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP	Ft Pierce, FL 34946	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOPES, JANET K		2.2 NAME		
STREET ADDRESS	110 HIALEAH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOWNSEND, NEVI		3.2 NAME		
STREET ADDRESS	1730 N DOVETAIL DR		3.3 STREET ADDRESS	5700 Graham Rd	
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP	Ft Pierce, FL 34947	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HART, DAVID		4.2 NAME		
STREET ADDRESS	100 CYCLONE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRIANT, REX		5.2 NAME		
STREET ADDRESS	200 W OCEAN BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [signature] 4/30/98 (561) 464-5175