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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719642**

1. Corporation Name

INDIAN RIVER BAPTIST ASSOCIATION, INC.

* 4 8 3 9 6 9 *
483969 - 90184 - 32

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/05/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1412608 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TOWNSEND, NEVI A
5700 GRAHAM RD
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: Harvey J. Webb
82 Street Address (P.O. Box Number is Not Acceptable): 5700 GRAHAM ROAD
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: Harvey J. Webb — Harvey J. Webb, Pres. — 4/27/99
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	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HORNE, CINDY		1.2 NAME	HORNE, CYNTHIA	
STREET ADDRESS	3790 SPINNAKER CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34946		1.4 CITY-ST-ZIP		
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	34982	
TITLE	P	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	TOWNSEND, NEVI		3.2 NAME	WEBB, HARVEY J.	
STREET ADDRESS	5700 GRAHAM RD		3.3 STREET ADDRESS	5700 GRAHAM RD	
CITY-ST-ZIP	FT PIERCE FL 34947		3.4 CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HART, DAVID		4.2 NAME	HOLTON, Sr., T.L.	
STREET ADDRESS	100 CYCLONE DR		4.3 STREET ADDRESS	910 BUCKEYE DR	
CITY-ST-ZIP	FT PIERCE FL		4.4 CITY-ST-ZIP	FT PIERCE, FL 34982	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BRIANT, REX		5.2 NAME	MOORE, STEVEN	
STREET ADDRESS	200 W OCEAN BLVD		5.3 STREET ADDRESS	2325 S.E. MANOR AVE	
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
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 (11/98)

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: Harvey J. Webb **REQUIRED** — 4/27/99 — (561) 464-5175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harvey J. Webb