

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 26 1998 8:00am
Secretary of State

0008103

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 721071 (9)					
1. Corporation Name SIMMONS LOOP BAPTIST CHURCH, INC.					
Principal Place of Business 6610 SIMMONS LOOP RIVERVIEW FL 33569			Mailing Address 6610 SIMMONS LOOP RIVERVIEW FL 33569		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/01/1971 4. FEI Number 59-1677093 Applied For Not Applicable	
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 JOHNSON, REV JOHN 12912 LEADWOOD DRIVE RIVERVIEW FL 33569			
10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	☒ DELETE			
NAME	JOHNSON, REV JOHN				
STREET ADDRESS	12812 LEADWOOD DR				
CITY-ST-ZIP	RIVERVIEW FL				
TITLE	VD	☒ DELETE			
NAME	ED KILLEBREW				
STREET ADDRESS	3214 PEARSON RD				
CITY-ST-ZIP	VALRICO FL				
TITLE	T	☐ DELETE			
NAME	RONALD CARROLL				
STREET ADDRESS	1808 SE 1ST. ST				
CITY-ST-ZIP	RUSKIN FL				
TITLE	SD	☒ DELETE			
NAME	PHILPOTT, MARJA				
STREET ADDRESS	8926 VAUGHN STREET				
CITY-ST-ZIP	GIBSONTON FL				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P ☐ Change ☐ Addition
1.2 NAME	Fred Taylor
1.3 STREET ADDRESS	62214 Big Bend Rd
1.4 CITY-ST-ZIP	Riverview, FL. 33569
2.1 TITLE	VD ☐ Change ☐ Addition
2.2 NAME	Wallace Peterson
2.3 STREET ADDRESS	12846 A HWY 301 S.
2.4 CITY-ST-ZIP	Riverview, FL. 33569
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD ☐ Change ☐ Addition
4.2 NAME	Janet Hewett
4.3 STREET ADDRESS	1008 College Ave.
4.4 CITY-ST-ZIP	Ruskin, FL. 33570
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Janet Hewett Janet Hewett 8/18/98 677-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)