FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

99 MAR 19 [illegible] 9:59

DOCUMENT # 721071

1. Corporation Name
SIMMONS LOOP BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
6610 SIMMONS LOOP RIVERVIEW FL 33569	6610 SIMMONS LOOP RIVERVIEW FL 33569

[redacted]

2. Principal Place of Business [21]	2a. Mailing Address [26]	3. Date Incorporated or Qualified: 06/01/1971
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	4. FEI Number: 59-1677093 ☐ Applied For ☐ Not Applicable
City & State [23]	City & State [28]	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip [24] Country [25]	Zip [29] Country [30]	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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: FOX, REV. MICHAEL W.
82 Street Address (P.O. Box Number is Not Acceptable): 6610 SIMMONS LOOP
83
84 City: RIVERVIEW FL 85 Zip Code: 33569

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] REV. MICHAEL W FOX — 8 Jan 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	P	☒ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	TAYLOR, FRED		1.2 NAME	CARLTON, FLOYD	
STREET ADDRESS	12214 BIG BEND RD		1.3 STREET ADDRESS	10415 CONE GROVE ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569		1.4 CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, WALLACE		2.2 NAME		
STREET ADDRESS	12846 A HWY 301 S		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	RONALD CARROLL		3.2 NAME	PETERSON, MRS. LINDA	
STREET ADDRESS	1606 SE 1ST. ST		3.3 STREET ADDRESS	12846 A. HWY 301 S	
CITY-ST-ZIP	RUSKIN FL		3.4 CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SD	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HEWETT, JANET		4.2 NAME	LAMBERT, MRS GLENNISE	
STREET ADDRESS	1006 COLLEGE AVE		4.3 STREET ADDRESS	509 FLORIDA CIR. SO.	
CITY-ST-ZIP	RUSKIN FL 33570		4.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	02-24-1999 [illegible]	
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	3-24-99	

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: SIGNATURE FOR GLENNISE A LAMBERT — 8 Jan 99 — 813-677-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)