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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 721541

1. Corporation Name

FIRST BAPTIST CHURCH OF ALTOONA, FLORIDA, INC.

* 1 6 8 1 6 1 *

Principal Place of Business

42226 SR 19
 P.O. BOX 97
 ALTOONA FL 32702

Mailing Address

42226 SR 19
 P.O. BOX 97
 ALTOONA FL 32702



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

08/18/1971

4. FEI Number

59-2126039

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

9. Name and Address of Current Registered Agent

CARTER, ARTHUR
41333 SUNSHINE AVE
UMATILLA FL 32784

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 **Arthur Carter**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/08/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	M	<input type="checkbox"/> DELETE
NAME	CARTER, ARTHUR	
STREET ADDRESS	41333 SUNSHINE AVE	
CITY-ST-ZIP	UMATILLA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEAVY, PERRY	
STREET ADDRESS	575 WISTERIA AVE	
CITY-ST-ZIP	UMATILLA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUGH, DAVIS	
STREET ADDRESS	42114 W LAKEVIEW DR	
CITY-ST-ZIP	ALTOONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DODSON, ROBERT	
STREET ADDRESS	15535 SE 294TH TERR RD	
CITY-ST-ZIP	ALTOONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOEQUIST, KENNETH	
STREET ADDRESS	29550 SE 152ND PLACE	
CITY-ST-ZIP	ALTOONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLATER, JAMES	
STREET ADDRESS	20839 N ROAD	
CITY-ST-ZIP	ALTOONA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Arthur Carter
 SIGNATURE *Arthur Carter*

02/08/99

(352) 669-2806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)