**FILED** FILE NOW: FILING FEE IS \$61.25 NONPROFIT May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (4)RAMONA PARK CHURCH, INC. Principal Place of Business Mailing Address U 8 41 SOUTH U S 41 SOUTH 3. Date Incorporated or Qualified PO BOX 1575 PO BOX 1575 04/21/1972 LAKE CITY FL 32056-1575 LAKE CITY FL 32056 4. FEI Numbe Applied For 23-7209051 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowring 4ssociation? 23 ☐ Yes No 28 Country Zip Country Zip This corporation owes or has paid the rent year Intengible ☐ Yes 25 30 Personal Property Tax due June 30. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ENLOW, ELMER 82 Street Address (P.O. Box Number is Not Acceptable) U.S. 41 SOUTH, RT. 6, BOX 165-D 83 LAKE CITY FL 32055 City 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** Signature typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change ☐ Addition TITLE NAME PETRY, JAMES 1,2 NAME RT 1 BOX 276,RT 252 WEST STREET ADDRESS 1.3 STREET ADDRESS 32094 WELLBORN FL CITY-ST-212 14 COY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE JOHNSON, JAMES J NAME 2.2 NAME RT 9 BOX 576 STREET ADDRESS 2.3 STREET ADDRESS 32*055* LAKE CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition MILE 3.1 TITLE CAMPBELL, PAUL 3.2 NAME NAME RT 4 BOX 390/ RT 90 WEST STREET ADDRESS 3.3 STREET ADDRESS LAKE CITY FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE KRUMMRICH, JERRY NUMBER 4.2 NAME RT. 14, BOX 189 SUMMERHILL RD. STREET ADDRESS 4.3 STREET ADDRESS LAKE CITY FL CITY-ST-ZW 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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:

17 Apr. 198 949 758 0525

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS