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FILED
Feb 16, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

02-16-1999 90037 029 *****61.25

DOCUMENT # 724370

1. Corporation Name

FIRST BAPTIST CHURCH OF FLORAL CITY, INC.

Principal Place of Business

8545 EAST MAGNOLIA ST.
PO BOX 114
FLORAL CITY FL 32636

Mailing Address

8545 EAST MAGNOLIA ST.
PO BOX 114
FLORAL CITY FL 32636



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/18/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1757718

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, ROY M
8111 E SUNRAY LANE
FLORAL CITY FL 34436

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 617.0508, Florida Statutes.

SIGNATURE ROY M. THOMPSON

Roy M. Thompson

1-19-99

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 V DELETE
NAME CALDWELL, JOSEPH
STREET ADDRESS 10617 E TURTLE LANE
CITY-ST-ZIP FLORAL CITY FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE
NAME MISHOU, JOANNE
STREET ADDRESS 12110 S OLD JONES ROAD
CITY-ST-ZIP FLORAL CITY FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME KUHL, GARY
STREET ADDRESS 6620 MERLEING LOOP
CITY-ST-ZIP FLORAL CITY FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME KUHL, ELICIA
STREET ADDRESS 6620 MERLEING
CITY-ST-ZIP FLORA CITY FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD DELETE
NAME HANNIE, STEVE
STREET ADDRESS 9480 E TSALA APOPKA DR
CITY-ST-ZIP FLORAL CITY FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME SCOTT, LARRY
STREET ADDRESS 10245 E TRAILS END RD
CITY-ST-ZIP FLORAL CITY FL 34436

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, with all other like empowered.

SIGNATURE:

Larry Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

Date

726-4296

Daytime Phone #

CR2E037 (11/98)