

FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 728029					
1. Corporation Name FIRST BAPTIST CHURCH, INC., OF SPRING HILL, FLORIDA					
Principal Place of Business LL. FLORIDA 7279 PINEHURST DRIVE SPRING HILL FL 34606			Mailing Address LL. FLORIDA 7279 PINEHURST DRIVE SPRING HILL FL 34606		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/15/1973 4. FEI Number 59-2394603 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent ZAHARE, TERRY KATHLEEN 3439 DOTHAN AVE SPRING HILL FL 34609				10. Name and Address of New Registered Agent 81 Name Frances Stevens 82 Street Address (P.O. Box Number is Not Acceptable) 7501 Dearborn Ave. 83 84 City Brooksville FL 85 Zip Code 34613			
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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 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	SD	☒ DELETE		1.1 TITLE	SD	☒ Change ☐ Addition	
NAME	ZAHARE, TERRY KATHLEEN			1.2 NAME	Frances Stevens		
STREET ADDRESS	3439 DOTHAN AVE			1.3 STREET ADDRESS	7501 Dearborn Ave.		
CITY-ST-ZIP	SPRING HILL FL			1.4 CITY-ST-ZIP	Brooksville, FL 34613		
TITLE	PD	☒ DELETE		2.1 TITLE	PD	☒ Change ☐ Addition	
NAME	ZAHARE, STEPHEN L.			2.2 NAME	Dr. Chuck Fightmaster		
STREET ADDRESS	3439 DOTHAN AVE			2.3 STREET ADDRESS	6017 Schalekamp		
CITY-ST-ZIP	SPRING HILL FL			2.4 CITY-ST-ZIP	Spring Hill, FL 34609		
TITLE	TD	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	RUTHERFORD, NELLIE			3.2 NAME			
STREET ADDRESS	434 BRIARWOOD LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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			
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			

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: *Frances Stevens* **FRANCES B. STEVENS** 1-13-99 352-683-2863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)