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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729009** (1)

1. Corporation Name

FAITH BAPTIST CHURCH OF NOKOMIS, INC.

Principal Place of Business

**2241 KILPATRICK RD.
NOKOMIS FL 34275**

Mailing Address

**2241 KILPATRICK RD.
NOKOMIS FL 34275**

3. Date Incorporated or Qualified

03/01/1974

4. FEI Number

23-7376738

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BERG, JR., H. R.
1872 S TAMiami TRAIL
VENICE FL 33595**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **OSBORN, REV RICHARD R**
STREET ADDRESS **2241 KILPATRICK RD**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **D** ☐ DELETE

NAME **MCDONALD, WENDELL**
STREET ADDRESS **404 CURRY ST**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **D** ☒ DELETE

NAME **MERRICK, RAY**
STREET ADDRESS **1500 QUAIL LAKE DRIVE**
CITY-ST-ZIP **VENICE FL**

TITLE **D** ☒ DELETE

NAME **MASTER, ROBERT**
STREET ADDRESS **28 LANCER ST**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **D** ☐ DELETE

NAME **JENKINS, HARRY**
STREET ADDRESS **1715 SCOTTIES PLACE**
CITY-ST-ZIP **NOKOMIS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

6.1 TITLE
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 or changed or on an attachment with an address.

SIGNATURE: **Richard Osborn**

1/12/98 484-1516

CR2E037 (10/97)