


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 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 # 730088					
1. Corporation Name THE SOUTHVIEW BAPTIST CHURCH, INCORPORATED					
Principal Place of Business 6099 SOUTH CONWAY ROAD ORLANDO FL 32812			Mailing Address 6099 SOUTH CONWAY ROAD ORLANDO FL 32812		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/28/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1543415	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WEEKS, L. TREVETTE 3225 CHATSWORTH LANE ORLANDO FL 32812			81 Name BARRETT, JAMES N. 82 Street Address (P.O. Box Number is Not Acceptable) 83 5009 EDMEE CIRCLE 84 City ORLANDO FL 85 Zip Code 32822		
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 <i>James N. Barrett</i> JAMES N. BARRETT PD DATE 1-14-99 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME POWELL, HOWARD			1.2 NAME		
1.3 STREET ADDRESS 2923 MONACO COURT			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP ORLANDO FL			1.4 CITY-ST-ZIP		
2.1 TITLE <input checked="" type="checkbox"/> DELETE			2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME WEEKS, L TREVETTE			2.2 NAME BARRETT, JAMES N.		
2.3 STREET ADDRESS 6099 S CONWAY RD			2.3 STREET ADDRESS 5009 EDMEE CIRCLE		
2.4 CITY-ST-ZIP ORLANDO, FL 00000			2.4 CITY-ST-ZIP ORLANDO, FL 32822		
3.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE		
3.2 NAME EDWARDS, JACK			3.2 NAME		
3.3 STREET ADDRESS 1612 WIND DRIFT ROAD			3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP ORLANDO FL 32809			3.4 CITY-ST-ZIP		
4.1 TITLE <input type="checkbox"/> DELETE			4.1 TITLE		
4.2 NAME POWELL, CHARLES E			4.2 NAME		
4.3 STREET ADDRESS 4732 PETROFF AVE			4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP ORLANDO FL 32812			4.4 CITY-ST-ZIP		
5.1 TITLE <input type="checkbox"/> DELETE			5.1 TITLE		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.1 TITLE		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 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: *James N. Barrett* **JAMES N. BARRETT** DATE **1-14-99** (407) 277-0823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)