

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 730551 (9)**

1. Corporation Name  
**THE FIRST BAPTIST CHURCH OF WEIRSDALE, FLORIDA, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>13725 SE 164 ST<br/>BOX 606<br/>WEIRSDALE FL 32195</b> | Mailing Address<br><b>13725 SE 164 ST<br/>BOX 606<br/>WEIRSDALE FL 32195-0606</b> |
|--|---|



|  |  |
|--|--|
| 2. Principal Place of Business<br>21<br>Suite, Apt #, etc<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt #, etc<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30 |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/28/1974</b>   | 3a. Date of Last Report<br><b>01/29/1996</b>           |
| 4. FEI Number<br><b>59-1575841</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**LIVINGSTON, JAMES W.  
10655 SE 95 TERR  
BELLEVIEW FL 34420**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 *James Livingston* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                  |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---------------------------------|---|---|
| TITLE<br><b>DC</b>                          | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>LIVINGSTON, JAMES</b>            |                                 | 1.2 NAME  |   |
| STREET ADDRESS<br><b>10655 SE 95 TERR</b>   |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP<br><b>BELLEVIEW FL</b>      |                                 | 1.4 CITY - ST - ZIP                                   |   |
| TITLE<br><b>D</b>                           | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BIELLING, J.D.</b>               |                                 | 2.2 NAME  |   |
| STREET ADDRESS<br><b>14455 SE 155TH ST</b>  |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP<br><b>WEIRSDALE FL</b>      |                                 | 2.4 CITY - ST - ZIP                                   |   |
| TITLE<br><b>DT</b>                          | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>POOL, JOHN H.</b>                |                                 | 3.2 NAME  |   |
| STREET ADDRESS<br><b>216 ARLINGTON AVE.</b> |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP<br><b>LADY LAKE FL</b>      |                                 | 3.4 CITY - ST - ZIP                                   |   |
| TITLE<br><b>S</b>                           | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>POOL, LILLIAN</b>                |                                 | 4.2 NAME  |   |
| STREET ADDRESS<br><b>216 ARLINGTON AVE.</b> |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP<br><b>LADY LAKE FL</b>      |                                 | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                                       | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 5.2 NAME  |   |
| STREET ADDRESS                              |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP                             |                                 | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                                       | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 6.2 NAME  |   |
| STREET ADDRESS                              |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP                             |                                 | 6.4 CITY - ST - ZIP                                   |   |

14. I do 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: *James Livingston - James Livingston* Date: **Feb 18, 1997** Daytime Phone: **352-6874109**

CR2E037 (9/96)