

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730551 (9)**  
1. Corporation Name  
**THE FIRST BAPTIST CHURCH OF WEIRSDALE, FLORIDA, INC.**



Principal Place of Business <b>13725 SE 164 ST BOX 606 WEIRSDALE FL 32195</b>	Mailing Address <b>13725 SE 164 ST BOX 606 WEIRSDALE FL 32195</b>
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3. Date Incorporated or Qualified  
**08/28/1974**

4. FEI Number <b>59-1575841</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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  
**LIVINGSTON, JAMES W.  
10655 SE 95 TERR  
BELLEVIEW FL 34420**

10. Name and Address of New Registered Agent  
81 Name **William Lee Baxley**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**16545 SE 130th Ave**  
83  
84 City **WEIRSDALE** FL 85 Zip Code **32195**

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 **William Lee Baxley** *William Lee Baxley* DATE **1-26-98**

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	LIVINGSTON, JAMES	
STREET ADDRESS	10655 SE 95 TERR	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIELLING, J.D.	
STREET ADDRESS	14455 SE 155TH ST	
CITY-ST-ZIP	WEIRSDALE FL, 32195	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	POOL, JOHN H.	
STREET ADDRESS	216 ARLINGTON AVE.	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	POOL, LILLIAN	
STREET ADDRESS	216 ARLINGTON AVE.	
CITY-ST-ZIP	LADY LAKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Lee Baxley	
1.3 STREET ADDRESS	16545 SE 130th Ave	
1.4 CITY-ST-ZIP	WEIRSDALE, FL, 32195	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEIFERT, PAUL H.	
3.3 STREET ADDRESS	12501 SE Hwy 42 Box 1095	
3.4 CITY-ST-ZIP	WEIRSDALE, FL, 32195	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRADLEY, MARY LEE	
4.3 STREET ADDRESS	13485 SE 162nd Place	
4.4 CITY-ST-ZIP	WEIRSDALE, FL, 32195	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Paul H. Seifert** *Paul H. Seifert* DATE **1-26-98** **352-821-1363**

CP2E037 (10/97)