

FILE NOW: FILING FEE IS \$61.25

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98 JUN -5 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT # 731548 (4)
1. Corporation Name
FIRST BAPTIST CHURCH OF DUNNELLON, FLORIDA, INC.



Principal Place of Business Mailing Address
20831 POWELL RD DUNNELLON FL 34431-6301

3. Date Incorporated or Qualified
01/03/1975
4. FEI Number **59-0979920**
Applied For
Not Applicable

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

6. 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
**HICKS, J. CHRISTOPHER
18750 SW 77 PLACE ROAD
DUNNELLON FL 34432**

10. Name and Address of New Registered Agent
81 Name **Lila M. Cox**
82 Street Address (P.O. Box Number is Not Acceptable) **10095 S.W. 182 Court**
83 **Dunnellon, FL 34432**
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 Lila M. Cox Assistant Treasurer 6-4-98
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	PO	<input checked="" type="checkbox"/> DELETE
NAME	JACK NIEDERMAYER SR	
STREET ADDRESS	20850 SW 102ND ST. RD.	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	SIMS, BETTY M.	
STREET ADDRESS	9585 S.W. 190TH AVE ROAD	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	VO	<input checked="" type="checkbox"/> DELETE
NAME	JOE FORD	
STREET ADDRESS	9660 MATSON FORD AVE.	
CITY-ST-ZIP	DUNNELLON FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	HICKS, J. CHRISTOPHER	
STREET ADDRESS	18750 SW 77 PLACE ROAD	
CITY-ST-ZIP	DUNNELLON 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	President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert L. Montgomery	
1.3 STREET ADDRESS	21343 S.W. Plantation Street	
1.4 CITY-ST-ZIP	Dunnellon, FL 34431	
2.1 TITLE	Vice President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Frank Faircloth	
2.3 STREET ADDRESS	9140 N. Cedar Cove Road	
2.4 CITY-ST-ZIP	Dunnellon, FL 34437	
3.1 TITLE	Lila M. Cox - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lila M. Cox - D	
3.3 STREET ADDRESS	10095 S.W. 182 Court	
3.4 CITY-ST-ZIP	Dunnellon, FL 34432	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: Christopher Hicks 4-15-98 732-490-7770

CR2E037 (10/97)