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May 10, 1999 8:00 am
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05-10-1999 90221 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731809

1. Corporation Name
FIRST BAPTIST CHURCH LITHIA, INC.

Principal Place of Business	Mailing Address
10405 HWY. 39 SOUTH P.O. BOX 75 LITHIA FL 33547-7075	10405 HWY. 39 SOUTH P.O. BOX 75 LITHIA FL 33547-7075

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/07/1975

4. FEI Number: 59-2017461 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

REDMAN, JAMES L.
121 N. COLLINS ST.
PLANT CITY FL 33566

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	VARNUM, JOHN A		1.2 NAME		
STREET ADDRESS	10930 HWY 39 S		1.3 STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TATOM, ROBERT		2.2 NAME		
STREET ADDRESS	14004 SWEAT LOOP RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, C W		3.2 NAME		
STREET ADDRESS	9823 LITHIA PINCREST RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUNTER, NATHAN		4.2 NAME		
STREET ADDRESS	10736 WALTER HUNTERR ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROWELL, SHIRLEY		5.2 NAME		
STREET ADDRESS	1124 EL RANCHO DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573-6224		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MAXWELL, LAMAR		6.2 NAME		
STREET ADDRESS	2815 HARTLEY LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: [signature] CHRISTOPHER REGUTTI Treasurer 4-30-99 813-737-2138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #