


FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90058 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 732629					
1. Corporation Name TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH, INTERLACHEN, FLORIDA					
Principal Place of Business RT 315 NO PO BOX 108 INTERLACHEN FL 32148			Mailing Address RT 315 NO PO BOX 108 INTERLACHEN FL 32148		

272718-90118-37



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/30/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1351894	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GLOVER, RICHARD 105 SHORT STREET INTERLACHEN FL 32148				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D <i>Trustee</i>	<input type="checkbox"/> DELETE		1.1 TITLE	<i>Trustee</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GLOVER, RICHARD			1.2 NAME	AUTRY, LEON		
STREET ADDRESS	105 SHORT ST			1.3 STREET ADDRESS	161 WALKER DRIVE		
CITY-ST-ZIP	INTERLACHEN FL 32148			1.4 CITY-ST-ZIP	INTERLACHEN FL 32148		
TITLE	D <i>Chairman/Trustee</i>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENSOR, GAIL G			2.2 NAME			
STREET ADDRESS	P.O. BOX 1252			2.3 STREET ADDRESS			
CITY-ST-ZIP	INTERLACHEN FL 32148			2.4 CITY-ST-ZIP			
TITLE	D <i>Trustee</i>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCALLISTER, JIM			3.2 NAME			
STREET ADDRESS	106 SUSAN ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	HAWTHORNE FL 32640			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: *Mary Anne Lyles* Anne Lyles

2/15/99

904-684-4573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)