

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT -
1999



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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 008 ****61.25

DOCUMENT # 733070

1. Corporation Name

FIRST BAPTIST CHURCH OF LISBON, INC.



Principal Place of Business

Mailing Address

FIRST BAPTIST CHURCH OF LISBON
36303 EMERALDA AVE
LEESBURG FL 34788
US

36303
LEESBURG FL 34788
US



2. Principal Place of Business

2a. Mailing Address

21 **First Baptist Church**
Suite, Apt. #, etc.

26 **36303 Emerald Ave.**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
06/16/1975

4. FEI Number
59-2387174

Applied For
Not Applicable

23 **Leesburg, Florida**
City & State

28 **Leesburg, Florida**
City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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

24 **34788** 25 **Lake**
Zip Country

29 **34788** 30 **Lake**
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLS, ROY C
10547 TIMBERGATE RD. - BOX 11
LEESBURG FL 34788

81 Name **Rev. Glenn W. Dick**
82 Street Address (P.O. Box Number is Not Acceptable)
1604 Normandy Way
83
84 City **Leesburg** FL 85 Zip Code **34749**

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 **Glenn W. Dick President**
Signature, typed or printed name of registered agent and title if applicable.

8-8-1999
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
DICK, GLENN W REV.
STREET ADDRESS **1604 NORMANDY WAY**
CITY-ST-ZIP **LEESBURG FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STALER, BILLIE
STREET ADDRESS **35316 LAKE BRADLY DR**
CITY-ST-ZIP **LEESBURG FL 34788**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STALER, CHESTER
STREET ADDRESS **35316 LAKE BRADLY DR**
CITY-ST-ZIP **LEESBURG FL 34788**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
VANHORN, WILMA C
STREET ADDRESS **400 CRICKET HOLLOW**
CITY-ST-ZIP **EUSTIS FL 32726**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
WALLS, ROY C
STREET ADDRESS **10547 TIMBERGATE ROAD, BOX 11**
CITY-ST-ZIP **LEESBURG FL 34788**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **Glenn W. Dick**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-1999 **7-352-787-0800**
Date Daytime Phone #

CR2E037 (5/99)