

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
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90009 036 ****61.25

DOCUMENT # 733917

1. Corporation Name

FIRST BAPTIST CHURCH OF LAKE HAMILTON, INC.

Principal Place of Business

825 N.E. ALT. 27
P.O. BOX 286
LAKE HAMILTON FL 33851

Mailing Address

825 N.E. ALT. 27
P.O. BOX 286
LAKE HAMILTON FL 33851

617302-90009-36 2 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/24/1975

4. FEI Number

59-1835466

Applied For
Not Applicable

5. Certificate 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

FLOWER, GARY
3381 COUNTRY LAKES CIRCLE
LAKE WALES FL 33853

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

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 PD ☐ DELETE
NAME FLOWER, GARY
STREET ADDRESS 3381 COUNTRY LAKES CIR.
CITY-ST-ZIP LAKE WALES FL

TITLE PD ☐ DELETE
NAME GONZALEZ, ERNIE
STREET ADDRESS 505 S. 8TH STREET
CITY-ST-ZIP DUNDEE FL

TITLE D ☐ DELETE
NAME MONROE, MATHEWS
STREET ADDRESS 330 NORTH 23RD STREET
CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ DELETE
NAME HATFIELD, DONNY
STREET ADDRESS 2343 CREST DRIVE
CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ DELETE
NAME BOSELY, GARY
STREET ADDRESS 416 5TH STREET
CITY-ST-ZIP DUNDEE FL

TITLE D ☐ DELETE
NAME CHUTE, ROBERT
STREET ADDRESS 141 WINSTON AVENUE
CITY-ST-ZIP LAKE WALES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/99

439-2372

CR2E037 (5/99)