

JUL-12-99 09:01 AM

P. 02

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 04/15/99: \$41.28 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.99).

FILED

99 JUL -6 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

001-983

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 735725

1. Corporation Name

FIRST BAPTIST CHURCH OF GLEN SAINT MARY, FLORIDA, INC.

Principal Place of Business

SOUTH GEO. TABOR BLVD  
GLEN ST. MARY FL 32040-7633

Mailing Address

SOUTH GEO TABOR BLVD  
GLEN ST. MARY FL 32040-7633



02-19-99 010022 033 \$111.25

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date of Incorporation

05/04/1976

4. FEI Number

59-1865988

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PATTERSON, P., TIM  
GEORGE TABER BLVD  
GLEN ST. MARY FL 32040

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63 City

64 State

FL

65 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 file # applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP  Change  Addition

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP  Change  Addition

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP  Change  Addition

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP  Change  Addition

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP  Change  Addition

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

7-12-99

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, or on other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)