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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 737038

1. Corporation Name					
FIRST BAPTIST CHURCH OF ENGLEWOOD, INC.					70432 · 30133 · 4U
Principal Place of Business Mailing Address					•
278 MANGO STREET 278 MANGO STREET					
ENGLEWOOD FL 34223 ENGLEWOOD FL					
US		U\$			1 (44)() (4074 titt) (201 40165)((0) 1811 5151) Dien dien Sien Sien Sien Sien Sien Sien Sien S
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Principal Place of Business Za. Mailing Addres			-		3. Date Incorporated or Qualifed
21		26			10/14/1976
Suite, Apt.	Suite, Apt. #, etc.			4. FEI Number Applied For	
22	27			59-2333163 Not Applicable	
	City & State City & State				5. Certificate of Status Desired \$8.75 Additional Fee Required
23	28				
Zip	Country	Zip	Counti	у	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	25 29 30 30				10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent				1 Nam	· · · · · · · · · · · · · · · · · · ·
BA100 1111F0 F BE11					
DAVIS, JAMES E REV.			8	2 Stree	et Address (P.O. Box Number is Not Acceptable)
325 W. COWLES ST.			8	3	
ENGLEWOOD FL 34223					
			8-	4 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the about				ve-name	d 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.					
_	Ti tamilat Willi, and accept the oblige	1013 01, 0001011 017.0000, 110110	o o tato to		-
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				ent signatur	e required when reinstaling) DATE
12. OF TIGERO AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	X X P ELETE	1.1 TITLE		TC
NAME	Crane, Harold		1.2 NAME	•	John Lokey
STREET ADDRESS	TIO CADDI IID.			ET ADDRES	1313 1emis/1vania nve.
CITY-ST-ZIP	TOTOTOTE		1.4 CITY-		Englewood F1. 34224
TITLE	TC	₩ DELETE 2.11			D **** -
NAME	Anbrien, C.D.		2.2 NAME		Earl France
STREET ADDRESS	CENTED OF THICH HAT COUNTY TEST			ET ADDRES	1 1015 Tuubu Di
CITY-ST-ZIP			2.4 CITY		Englewood F1. 34224
TITLE	~ ,		3.1 TITLE		2
NAME	HICKS, RUBY		3.2 NAME		Russell Wolfe
STREET ADDRESS	250 CLEMSON RD.			ETADORES	1
CITY-ST-ZIP	VENICE FL	₽ DELETE	3.4. CITY		North Port F1. 34286
TMLE		¥EI UELEIE	4.1 TTTLE		D Change & Addition

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST+ZIP

4.4 CITY+ST+ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY+ST-ZIP

☐ DELETE

DELETE

Jerry Kurtz

11923 Gretchen Ave.

Port Charlotte F1

Change

☐ Change

Addition

☐ Addition