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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 738322

1. Corporation Name

**FIRST BAPTIST CHURCH OF CHIPLEY, FLORIDA, CORPOR
 ATION**

Principal Place of Business

1300 SOUTH BLVD
 CHIPLEY FL 32428
 US

Mailing Address

P O BOX 643
 CHIPLEY FL 32428
 US

124110-90008-47



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/10/1977

4. FEI Number -

59-6031690

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

HOLLEY, GERALD NEW 911 ADDRESS
102 EAST CHURCH AVE. 1282-B CHURCH AVE.
CHIPLEY FL

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

(NOTE: Registered Agent signature required when reinstating)

1-27-99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	SDT	<input type="checkbox"/> DELETE
NAME	LASETER, MAX	
STREET ADDRESS	1241 DRAGONFLY LANE	
CITY-ST-ZIP	CHIPLEY, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PORTER C.J.	
STREET ADDRESS	1205 RICHTER RD.	
CITY-ST-ZIP	COTTONDALE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CHRISTMAS BRUCE	
STREET ADDRESS	1916 PALMVIEW RD.	
CITY-ST-ZIP	COTTONDALE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, HARVEY	
STREET ADDRESS	979 FALLING WATERS ROAD	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COLEMAN, CRAYTON	
STREET ADDRESS	2271 HWY 77	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	REGISTER, ALLEN	
STREET ADDRESS	849 HUTCHINSON RD.	
CITY-ST-ZIP	CHIPLEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DT WATTS, EUGENE
4.3 STREET ADDRESS	1325 WILLIAMS ROAD
4.4 CITY-ST-ZIP	CHIPLEY FL 32428
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PT SAUNDERS, WAYNE
6.3 STREET ADDRESS	847 CANDY LANE
6.4 CITY-ST-ZIP	CHIPLEY FL 32428

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Wayne Saunders*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 850 638-4640
 Date Daytime Phone #

CR2E037 (1/98)