FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 747892

1. Corporation Name

FIRST BAPTIST CHURCH OF FT. MCCOY, INC.											
Principal Place of Business Mailing Address							1				
P.O. BOX 480 P.O. BOX 480			T. MCCOY FL 32134-0480								
Principal Place of Business 2a. Mailing Address							3. Date Incorporated or Qualifed				
21			26				06/29/1979				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number Applied For				
22		27			_		59-2125975			lot Applicable	
City & St	ate	28	City & State				5. Certifcate of Status Desired	<u> </u>		Additional Required -	
Zip					у		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24 25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					110 1 100	
	5. Name and Address of Curr	ent Kadi	stelen våeilt	81	1	Name	100110				
MCCAMX, RALPH L					2	Street Addre	ess (P.O. Box Number is Not Acceptable)				
14051 NE 110TH AVE RD											
FT MCCOY FL 32134					3						
	011232731			84	4	City		F	85 Zip	Code	
11. Pursuar office of agent. I	nt to the provisions of Sections 617.0 r registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 6 te of Flori gations of	517.1508, Florida Statutes, da. Such change was auth f, Section 617.0503, Florid	the above orized by a Statute	ve y t	e-named corpo the corporatio	oration submits this statement for the n's board of directors. I hereby acce	purpose o	of changing i pintment as	ts registered registered	
SIGNATUR	Signature, typed or printed name of registered a	gent and title	if applicable. (NOTE: Re	gistered Age	ent	t signature required	when reinstating)	DATE			
12. OFFICERS AND DIRECTORS 11					_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE								☐ Chang	e Addition	
NAME	STARLING, EARL			1.2 NAME	:						
STREET ADDRES	1			1.3 STRE	ET.	ADDRESS					
CITY-ST-ZIP	CITRA FL 32113				ŞT.	r-ZIP					
TITLE	STD DELETE				2.1 TΓLE				Change	e 🗀 Addition	
NAME	MCCAMY, RALPH			2.2 NAME	•						
STREET ADDRES	I			2.3 STRE	ET.	ADDRESS					
CITY-ST-ZIP	FT MCCOY FL 32134			2. 4 CITY-	- 51	T-ZIP					
TTILE	VD □ DELETE				3.1 TITLE				☐ Change	e	
NAME	BAILEY, RICHARD			3.2 NAME	•						
STREET ADDRE	ss 23141 NE 112TH CT			3.3 STRE	ĔΤ	ADDRESS	-			+ -	
CITY-S <u>T-ZI</u> ₽	ORANGE SPRINGS FL			3.4. CITY-	- \$1	T-ZIP					
TITLE			☐ DELETE	4.1 TITLE					☐ Chang	e 🔲 Addition	
NAME				4. 2 NAME	E	ĺ					
STREET ADDRES	ss			4.3 STRE	EΤ	ADDRESS					
CITY OF TIP	1			44 CITY.	ST	T. 71P					

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.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TIRE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TOURE RELEGIALESTA-ling

DELETE

☐ DELETE

FILED

Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90062 036 ****70.00

Change

Change

Addition

Addition