

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90056 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 750491 1. Corporation Name FT. GREEN BAPTIST CHURCH, INC.					
Principal Place of Business 2825 BAPTIST CHURCH RD. BOWLING GREEN FL 33834 US			Mailing Address 2825 BAPTIST CHURCH RD. BOWLING GREEN FL 33834 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 2875 Baptist Church RD. City & State		2a. Mailing Address 26 Suite, Apt. #, etc. 2875 Baptist Church RD. City & State		3. Date Incorporated or Qualified 01/07/1980 4. FEI Number 59-2339367 59-2339367 Applied For ☐ Not Applicable	
23 Zip Country 24		28 Zip Country 29		5. Certificate of Status Desired ☐ Fee Required 8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GRIMSLEY, BILLY OLD POLK RD., RT. 1 BOX 61A WAUCHULA FL 33873			10. Name and Address of New Registered Agent 81 Name Sam Rawls 82 Street Address (P.O. Box Number is Not Acceptable) 2727 ST. RD. 62 83 84 City Bowling Green FL 85 Zip Code 33834		
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 <i>Sam Rawls</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME GRIMSLEY, BILLY STREET ADDRESS OLD POLK RD., RT. 1 BOX 61A CITY-ST-ZIP WAUCHULA FL			1.1 TITLE D 1.2 NAME Rawls Sam 1.3 STREET ADDRESS 2727 ST. RD. 62 1.4 CITY-ST-ZIP Bowling Green, FL 33834		
TITLE D NAME WILKINS, JACK STREET ADDRESS RT 1; BOX 153 K N/A CITY-ST-ZIP BOWLING GREEN FL			2.1 TITLE TB 2.2 NAME Albritton, Patricia 2.3 STREET ADDRESS 1265 Knollwood Circle 2.4 CITY-ST-ZIP WAUCHULA, FL 33873		
TITLE SD NAME SILVERMAN, RILLA STREET ADDRESS RT-2 BOX 115-H CITY-ST-ZIP BOWLING GREEN FL			3.1 TITLE SB 3.2 NAME Cooper, Rilla 3.3 STREET ADDRESS 3645 HENDRY RD. 3.4 CITY-ST-ZIP Bowling Green, FL 33834		
TITLE TD NAME CHANCEY, FAYE STREET ADDRESS RT 2 BOX 116-A N/A CITY-ST-ZIP BOWLING GREEN FL 33834			4.1 TITLE VD 4.2 NAME CHANCEY, Lee 4.3 STREET ADDRESS 5259 OLLIE ROBERTS RD. 4.4 CITY-ST-ZIP BOWLING GREEN, FL 33834		
TITLE D NAME BARGERON, EARL STREET ADDRESS ROUTE 2 BOX 130 N/A CITY-ST-ZIP BOWLING GREEN FL			5.1 TITLE PD 5.2 NAME Sasser, Dennis 5.3 STREET ADDRESS 4515 Pringle RD. 5.4 CITY-ST-ZIP Bowling Green, FL 33834		
TITLE D NAME SASSER, DENNIS STREET ADDRESS RT 1 BOX N/A CITY-ST-ZIP BOWLING GREEN FL 33834			6.1 TITLE 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 *Patricia A. Albritton* *Patricia A. Albritton* 4/29/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)