

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751673** (5)

1. Corporation Name

HURRICANE CREEK BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

% LARRY ZORN
RT 3 BOX 214
WESTVILLE FL 32464

% LARRY ZORN
RT 3 BOX 214
WESTVILLE FL 32464

3. Date Incorporated or Qualified

03/24/1980

4. FEI Number

59-2866431

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZORN, WILLIAM E., SR
RT 3 BOX 208
WESTVILLE FL 32464

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

Signature: typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D LOCKE, BILLY**
STREET ADDRESS **RT 3, BOX 465**
CITY - ST - ZIP **WESTVILLE FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D SEWELL, WILLIE**
STREET ADDRESS **RT 3 BOX 172**
CITY - ST - ZIP **WESTVILLE, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **T ZORN, LARRY**
STREET ADDRESS **RT 3 BOX 214**
CITY - ST - ZIP **WESTVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D RICHARDSON, CALHOUN**
STREET ADDRESS **407 WEST EWING ST.**
CITY - ST - ZIP **SAMSON AL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **D YARBROUGH, PHILLIP JR.**
STREET ADDRESS **RT 3, BOX 307**
CITY - ST - ZIP **WESTVILLE FL 00000**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D H. R. Harrison**
5.3 STREET ADDRESS **Rt 1**
5.4 CITY - ST - ZIP **Westville, FL 32464**

TITLE ☒ DELETE
NAME **D ZORN, LAMAR**
STREET ADDRESS **RT 3, BOX 216**
CITY - ST - ZIP **WESTVILLE FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D Chance Pitts**
6.3 STREET ADDRESS **Rt 2**
6.4 CITY - ST - ZIP **Westville, FL 32464**

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.

SIGNATURE:

Larry Zorn

Larry ZORN

4/14/98

850-952-2182

CR2E037 (10/97)