

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 07 1997 8:00am
Secretary of State

DOCUMENT # 753484 (5)

1. Corporation Name

FAITH BAPTIST CHURCH OF LAWTEY INC.

Principal Place of Business

22493 PARK ST
LAWTEY FL 32058
US

Mailing Address

PO BOX 349
LAWTEY FL 32058
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1980 3a. Date of Last Report 06/14/1996

4. FEI Number 59-2871910 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

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

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Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MASSEY, WAYNE
NORTH OLIVE ST.
P.O. BOX 212
LAWTEY FL 32058

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MASSEY, WAYNE
STREET ADDRESS P O BOX 212 N OLIVE ST
CITY-ST-ZIP LAWTEY, FL 0

TITLE D ☐ DELETE
NAME SULLIVAN, RICHARD
STREET ADDRESS PO BOX 1238 - 343 WALNUT ST.
CITY-ST-ZIP STARKE FL

TITLE D ☒ DELETE
NAME MATTOX, ED
STREET ADDRESS 6471 DIAMOND LEAF DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☐ DELETE
NAME JORDAN, MICHAEL
STREET ADDRESS RT 1 BOX 744 N/A
CITY-ST-ZIP STARKE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~DT~~ ☒ Change ☐ Addition
1.2 NAME MASSEY, WAYNE
1.3 STREET ADDRESS PO BOX 212 N. olive
1.4 CITY-ST-ZIP LAWTEY, FL

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME John A. Osburn
3.3 STREET ADDRESS RT 4 BOX 1350C
3.4 CITY-ST-ZIP STARKE FL

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 *[Signature]*

CR2E037 (4/97)