


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90165 024 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 753484

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



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|---|--|---|---|--|--|
| 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 | | 3. Date Incorporated or Qualified 07/25/1980 | |
| 4. FEI Number 59-2871910 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | 7. Trust Fund Contribution <input type="checkbox"/> | | 8. Additional Fees | |
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | DT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MASSEY, WAYNE | 1.2 NAME | MASSEY, WAYNE |
| STREET ADDRESS | P O BOX 212 N OLIVE | 1.3 STREET ADDRESS | PP. BOX 212 N OLIVE |
| CITY-ST-ZIP | LAWTEY, FL 0 | 1.4 CITY-ST-ZIP | LAWTEY, FL 0 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SULLIVAN, RICHARD | 2.2 NAME | |
| STREET ADDRESS | PO BOX 1238 - 343 WALNUT ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | STARKE FL | 2.4 CITY-ST-ZIP | |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OSBURN, JOHN A | 3.2 NAME | |
| STREET ADDRESS | RT 4 BOX 1350C | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | STARKE FL | 3.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JORDAN, MICHAEL | 4.2 NAME | |
| STREET ADDRESS | RT 1 BOX 744 N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | STARKE FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Wayne E Massey* **REQUIRED** **WAYNE E MASSEY** 4-27-99 904 782-3415
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)