

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-22-1999 90007 007 *****70.00

DOCUMENT # 753852

1. Corporation Name

FIRST BAPTIST CHURCH OF THE REDLANDS, INC.

Principal Place of Business

16390 SW 248TH ST
HOMESTEAD FL 33031

Mailing Address

16390 SW 248TH ST
HOMESTEAD FL 33031



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/21/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2039244

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAGGETT, WILLIAM L.
23701 SW 167 AVE
HOMESTEAD FL 33031

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

William L. Baggett
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 PD DELETE
NAME SAPP, STEVEN S
STREET ADDRESS 27451 SW 170 AVE
CITY-ST-ZIP HOMESTEAD FL

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

TITLE SD DELETE
NAME GILBERT, CHARLES F.
STREET ADDRESS 26955 SW 194 AVE.
CITY-ST-ZIP HOMESTEAD FL

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

TITLE VDS DELETE
NAME GOODWIN, ROGER
STREET ADDRESS 23330 SW 162 AVE
CITY-ST-ZIP HOMESTEAD FL

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

TITLE T DELETE
NAME PIERCE, JAMES R
STREET ADDRESS 48 N.E. 15TH STREET
CITY-ST-ZIP HOMESTEAD FL

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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:

Rev. W. L. Baggett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

305-248-4434

Daytime Phone #

CR2E037 (1/196)