

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **758987** (2)

1. Corporation Name

**FAIR HAVEN BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**33530 CR 44-B  
EUSTIS FL 32726-9701**

**33530 CR 44-B  
EUSTIS FL 32726-9701**



|                                                                    |                     |                     |                     |                                                                                                                                   |                                                                   |
|--------------------------------------------------------------------|---------------------|---------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 2. Principal Place of Business                                     |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>06/30/1981</b>                                                                            |                                                                   |
| 21                                                                 | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2352626</b>                                                                                                | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 22                                                                 | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                                                                         | <b>\$8.75 Additional Fee Required</b>                             |
| 23                                                                 | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                   | <b>\$5.00 May Be Added to Fees</b>                                |
| 24                                                                 | Country             | 29                  | Country             | 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                   |
| 9. Name and Address of Current Registered Agent                    |                     |                     |                     | 10. Name and Address of New Registered Agent                                                                                      |                                                                   |
| <b>WATKINS, MICHAEL W<br/>33321 WESLEY RD.<br/>EUSTIS FL 32726</b> |                     |                     |                     | 81                                                                                                                                | Name                                                              |
|                                                                    |                     |                     |                     | 82                                                                                                                                | Street Address (P.O. Box Number is Not Acceptable)                |
|                                                                    |                     |                     |                     | 83                                                                                                                                |                                                                   |
|                                                                    |                     |                     |                     | 84                                                                                                                                | City                                                              |
|                                                                    |                     |                     |                     | 85                                                                                                                                | Zip Code                                                          |
| <b>FL</b>                                                          |                     |                     |                     |                                                                                                                                   |                                                                   |

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                      | <b>PD</b> <input type="checkbox"/> DELETE                      | 1.1 TITLE                                             | <b>Dorson / Trustee</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>WATKINS, MICHAEL W</b>                                      | 1.2 NAME                                              | <b>Orlando Andrews</b>                                                                               |
| STREET ADDRESS             | <b>33321 WESLEY RD.</b>                                        | 1.3 STREET ADDRESS                                    | <b>1260 Morning side st.</b>                                                                         |
| CITY-ST-ZIP                | <b>EUSTIS FL 32726</b>                                         | 1.4 CITY-ST-ZIP                                       | <b>Mt. Dora 32757</b>                                                                                |
| TITLE                      | <b>D / Trustee</b> <input type="checkbox"/> DELETE             | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       | <b>JACKSON, CURTIS</b>                                         | 2.2 NAME                                              |                                                                                                      |
| STREET ADDRESS             | <b>3221 NORTHWIND DR</b>                                       | 2.3 STREET ADDRESS                                    |                                                                                                      |
| CITY-ST-ZIP                | <b>EUSTIS FL</b>                                               | 2.4 CITY-ST-ZIP                                       |                                                                                                      |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE                      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       | <b>DWYER, MARGARET</b>                                         | 3.2 NAME                                              |                                                                                                      |
| STREET ADDRESS             | <b>11905 LINDA AVE.</b>                                        | 3.3 STREET ADDRESS                                    |                                                                                                      |
| CITY-ST-ZIP                | <b>TAVARES FL 32778</b>                                        | 3.4 CITY-ST-ZIP                                       |                                                                                                      |
| TITLE                      | <b>TR</b> <input checked="" type="checkbox"/> DELETE           | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       | <b>GATCH, WILLARD</b>                                          | 4.2 NAME                                              |                                                                                                      |
| STREET ADDRESS             | <b>2871 N. EUDORA RD.</b>                                      | 4.3 STREET ADDRESS                                    |                                                                                                      |
| CITY-ST-ZIP                | <b>EUSTIS FL 32726</b>                                         | 4.4 CITY-ST-ZIP                                       |                                                                                                      |
| TITLE                      | <b>TR</b> <input checked="" type="checkbox"/> DELETE           | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       | <b>FLOYD, JAMES L</b>                                          | 5.2 NAME                                              |                                                                                                      |
| STREET ADDRESS             | <b>21 KRISTIN LANE</b>                                         | 5.3 STREET ADDRESS                                    |                                                                                                      |
| CITY-ST-ZIP                | <b>EUSTIS FL 32726</b>                                         | 5.4 CITY-ST-ZIP                                       |                                                                                                      |
| TITLE                      | <b>D - Treasurer / Trustee</b> <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       | <b>HOUGH, LARRY LAWRENCE R.</b>                                | 6.2 NAME                                              |                                                                                                      |
| STREET ADDRESS             | <b>42314 HAWKINS RD</b>                                        | 6.3 STREET ADDRESS                                    |                                                                                                      |
| CITY-ST-ZIP                | <b>ALTOONA FL</b>                                              | 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.

SIGNATURE: **Michael W. Watkins** Michael W. Watkins 3-20-98 352-333-8888

CR2E037 (10/97)