


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762311 (9)

1. Corporation Name

FIRST BAPTIST CHURCH OF TRENTON, INC.



Principal Place of Business HWY. 26 AT N.E. 2ND ST. P. O. BOX 293 TRENTON FL 32693	Mailing Address HWY. 26 AT N.E. 2ND ST. P. O. BOX 293 TRENTON FL 32693
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3. Date Incorporated or Qualified

03/08/1982

4. FEI Number

59-1437448

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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

BUSH, WILBUR C.  
402 S.W. 5TH AVE.  
TRENTON FL 32693

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	0 <input type="checkbox"/> DELETE
NAME	LORD, E.J.
STREET ADDRESS	NE 5TH AVE AT 2ND ST
CITY-ST-ZIP	TRENTON FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SMITH, HAMPTON
STREET ADDRESS	CTY RD 232 HART SPRINGS
CITY-ST-ZIP	TRENTON FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BRADLEY, CLIFTON
STREET ADDRESS	HWY 26 WEST
CITY-ST-ZIP	TRENTON, FL 00000
TITLE	TD <input type="checkbox"/> DELETE
NAME	SCOTT, LOIS
STREET ADDRESS	SO OF HWY 26
CITY-ST-ZIP	TRENTON FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BUSH, WILBUR C.
STREET ADDRESS	402 S.W. 5TH AVENUE
CITY-ST-ZIP	TRENTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Wilbur C. Bush*

1 22 98 (25) 113 2039

CP2E037 (10/97)