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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **763074**

1. Corporation Name
MURDOCK BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
18375 TOLEDO BLADE BLVD PORT CHARLOTTE FL 33948	P.O. BOX 0484 MURDOCK FL 33938 US

2. Principal Place of Business 21 Above	2a. Mailing Address 26 Above.	3. Date Incorporated or Qualifed 04/30/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2147569 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DENISCH, JOAN R
3277 GABOR ST
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name BRENDA M. WEBB
82 Street Address (P.O. Box Number is Not Acceptable) 1518 DORCHESTER ST.
83
84 City Port Charlotte, FL 85 Zip Code 33952

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 Brenda M Webb DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUNTER, ALAN D		1.2 NAME		
STREET ADDRESS	437 HAZEL CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33982		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VERNON, IVOR		2.2 NAME		
STREET ADDRESS	3205 PELLAM BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		2. 4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BYRD, CARROLL		3.2 NAME		
STREET ADDRESS	341 CAPATOLA STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		3.4. CITY-ST-ZIP		
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, IRVING		4. 2 NAME		
STREET ADDRESS	1518 DORCHESTER STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	DENISCH, JOAN		5.2 NAME	BRENDA WEBB	
STREET ADDRESS	3277 GABOR STREET		5.3 STREET ADDRESS	1518 Dorchester St	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		5.4 CITY-ST-ZIP	Port Charlotte, Fl 33952	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BYRD, GIOVANNA		6.2 NAME		
STREET ADDRESS	341 CAPATOLA STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Brenda M Webb SIGNATURE REQUIRED 1/14-99 941 627-6352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #