FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

764148

(3)

BIBLE BAPTIST TEMPLE OF PUNTA GORDA, INC.

Principal Place of Business Mailing Address 6800 CLEVELAND DR 6600 CLEVELAND DR. PUNTA GORDA FL 33982-2041 PUNTA GORDA FL 53982 3. Date incorporated or Qualified 3a. Date of Last Report 07/14/1982 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2171934 Not Applicable 26 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zω Country Country This corporation has liability for intangible tax under a. 199.032, Yes No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROPKE, F.W. CARL 82 Street Address (P.O. Box Number is Not Acceptable) 3709 DAWSON LANE 83 **PUNTA GORDA FL 33982** 84 City Zip Code 85 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 DATE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE ☐ Change Addition TITLE PD ROPKE, F.W.CARL NAME 1.2 NAME STREET ADDRESS 3709 DAWSON LN 1.3 STREET ADDRESS **PUNTA GORDA FL** 1.4 City - ST - ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change ___ Addition WESSEL, HERMAN 22 NAME NAME STREET ADDRESS 1478 NAVIGATOR ROAD 2.3 STREET ADDRESS PORT CHARLOTTE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE SADLER, PAT 3.2 NAME NAME 30900 WASHINGTON LOOP ROAD STREET ADDRESS 3.3 STREET ADDRESS PUNTA GORDA FL 3.4. CITY-ST-ZIP City-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE RADFORD, ROLAND 4. 2 NAME Duane NAME 35519 WASHINGTON LOOP RD STREET ADDRESS 4.3 STREET ADDRESS ,550 33582 **PUNTA GORDA FL** CITY-ST-ZIP 44 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE LAVERNE, THOMAS 5.2 NAME NAME 447 HIBISEUS ROAD STREET ADDRESS 5.3 STREET ADDRESS **CHARLOTTE HARBOR FI** CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE TOLBERT, DANIEL 6.2 NAME NAME 257 NORTH VIEW STREET ADDRESS 6.3 STREET ADDRESS PT CHARLOTTE FL CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Ido 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

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Date

Daylima Phone # 0068218

(96/6) (96/6)

FILED

May 20 1997 8:00am

Secretary of State