


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 11 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 # 764148 (3)**  
 1. Corporation Name  
**BIBLE BAPTIST TEMPLE OF PUNTA GORDA, INC.**



Principal Place of Business <b>6800 CLEVELAND DR. PUNTA GORDA FL 33982</b>	Mailing Address <b>6800 CLEVELAND DR. PUNTA GORDA FL 33982</b>
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3. Date Incorporated or Qualified  
**07/14/1982**

4. FEI Number <b>59-2171934</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired **ND** **\$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

**ROPKE, F.W. CARL  
 3709 DAWSON LANE  
 PUNTA GORDA FL 33982**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 Zip Code

**FL**

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 *F.W. Carl Ropke* **4-21-98**  
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROPKE, F.W. CARL</b>	1.2 NAME	
STREET ADDRESS	<b>3709 DAWSON LN</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WESSEL, HERMAN</b>	2.2 NAME	
STREET ADDRESS	<b>1478 NAVIGATOR ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SADLER, PAT</b>	3.2 NAME	<b>S Kathy Smith</b>
STREET ADDRESS	<b>30900 WASHINGTON LOOP ROAD</b>	3.3 STREET ADDRESS	<b>119 AUSTIN AV.</b>
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	3.4 CITY - ST - ZIP	<b>PORT CHARLOTTE, FL. 33982</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROLLI, DUANE</b>	4.2 NAME	
STREET ADDRESS	<b>6550 PINWOOD CIR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAVERNE, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>447 HEBEUS ROAD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE HARBOR FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOLBERT, DANIEL</b>	6.2 NAME	
STREET ADDRESS	<b>257 NORTH VIEW</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PT CHARLOTTE 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: *F.W. Carl Ropke* **4-21-98** **941-637-715**

CR2E037 (10/97)