

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90080 025 ****61.25

0062371

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 764148

1. Corporation Name

BIBLE BAPTIST TEMPLE OF PUNTA GORDA, INC.

Principal Place of Business
 6600 CLEVELAND DR.
 PUNTA GORDA FL 33982

Mailing Address
 6600 CLEVELAND DR.
 PUNTA GORDA FL 33982



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/14/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2171934	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROPKE, F.W. CARL 3709 DAWSON LANE PUNTA GORDA FL 33982				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 *F.W. Carl Ropke* DATE 3-25-99

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROPKE, F.W. CARL	1.2 NAME	
STREET ADDRESS	3709 DAWSON LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESSEL, HERMAN	2.2 NAME	
STREET ADDRESS	1478 NAVIGATOR ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KATHY	3.2 NAME	S. Lorraine Brower
STREET ADDRESS	119 AUSTIN AVE	3.3 STREET ADDRESS	3608 Acline Rd
CITY-ST-ZIP	PT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	Punta Gorda, F. 33955
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLI, DUANE	4.2 NAME	
STREET ADDRESS	6550 PINWOOD CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVERNE THOMAS	5.2 NAME	T. DON Parrish
STREET ADDRESS	447 HIBISCUS ROAD	5.3 STREET ADDRESS	28540 Royal Palm Dr
CITY-ST-ZIP	CHARLOTTE HARBOR FL	5.4 CITY-ST-ZIP	Punta Gorda, FL. 33982
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLBERT, DANIEL	6.2 NAME	
STREET ADDRESS	257. NORTH VIEW	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3-25-99 DAYTIME PHONE #: 941-637-1715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)