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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 765448

(6)

i. Corporate	an Name	` '				\		
FIRST	BAPTIST CHURCH OF GA	rden City, Inc.						
Principal Place of Business Mailing Address						s construction artist aten ditta inter minit at	1916 B1811 81811 P	IESE GIGH ISSI
3140 HASKELI CRESTVIEW F	L-LANGLEY ROAD L 32536-7201	3140 HASKELL-LANGLEY CRESTVIEW FL 32539 US				3. Date Incorporated or Qualified 10/19/1982		
		UO	•			4. FEI Number	A	pplied For
2. Principal Place of Business 2a. Mailing Address						59-2382505		ot Applicable
21		2a. Mailing Address 26				5. Certificate of Status Desired \$8.75 Additional Fee Required		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
City & Stat	te	City & State				7. Is this nonprofit corporation a homeowners association?		
Zip 24	Country 25	Zip 29	Cou	intry		This corporation owes or has paid the cu Personal Property Tax due June 30.		tangible
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
				81	Name			
GARRETT, BEVERLY 6165 BETHANY DR				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
CRESTVIEW FL 32539				83		·		
				84	City	FL	85 Zip	Code
11. Pursuant office or a	to the provisions of Sections 617.050 registered agent, or both, in the State	2 and 617.1508, Florida Statu of Florida, Such change was ations of Section 617.0503, F	tes, the at authorized lorida Stat	bove d by tutes	e-named corp the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app		ts registered registered
SIGNATURE								
40	Signature, typed or printed name of registered age			d Age	nt signature require	ed when reinstating) DATE	- DIDEOTOR	- N 10
TITLE	OFFICERS AN	D DIRECTORS DELETE	13.	YI C		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME	OADDER DO FOLLY		1.2 NA				C Ollargo	
STREET ADDRESS	ALAE DESILATION				ADDRESS			
CITY-ST-ZIP	ODEOD #EN EL		1.4 CI		1			ì
TITLE	VD						☐ Change	☐ Addition
NAME	ROWAN, TONY	ROWAN, TONY		ME				Ī
STREET ADDRESS	AGGS DUTTO AND THOR		2.3 ST	REET	ADDRESS			İ
CITY-ST-ZIP	CRESTVIEW FL	CRESTVIEW FL 2.4		ITY-S	T-Z!P		_]
TITLE	SD			ΠE			☐ Change	Addition
NAME	BAGGETT, RALPH		3.2 NA	ME	ĺ			
STREET ADDRESS	3179 BAGGETT LANE		3,3 ST	REET	ADDRESS			;
CITY-ST-ZIP	CRESTVIEW FL		3.4. CI	TY-S	T-ZIP			
TITLE .		DELETE	4.1 TIT	TLE	_		Change	Addition
NAME	1		4. 2 N/	AME	Ì			
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CI1		-ZIP			
TITLE		☐ DELETE	5.1. TIT				Change	∐ Addition
NAME			5.2 NA	ME				Í
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY - ST - ZIP			5.4 CIT	TY-ST	-ZIP			
TITLE		☐ DELETE	6.1 7!7	LE			Change	☐ Addition
NAME !			6.2 NA	ME				

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.

6.3 STREET ADDRESS

CICNIATION

STREET ADDRESS

TOTAL AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-8-98

850-689-3311

FILED

Jan 21 1998 8:00am

Secretary of State

Date

Daytime Phone # 0075857

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