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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 767086

1. Corporation Name
FIRST BAPTIST CHURCH OF EAGLE LAKE, INC.

Principal Place of Business: 551 EAGLE AVE. PO BOX 155 EAGLE LAKE FL 33839
 Mailing Address: 551 EAGLE AVE. PO BOX ~~155~~ 887 EAGLE LAKE FL 33839



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/21/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	P.O. Box 887	27	P.O. Box 887	59-1378663	
City & State		City & State		Applied For	
				Not Applicable	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/>	
				\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			
Zip		Zip			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DRAKE, DAVID 5014 SUNRISE DR. 165 2ND STREET, NORTH WINTER HAVEN FL 33880				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	MCLEOD, T WAYNE	1.2 NAME	
STREET ADDRESS	100 GRADY POLK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, SIMEON R.	2.2 NAME	
STREET ADDRESS	118 GRADY POLK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA L. SUMMERS	3.2 NAME	TS
STREET ADDRESS	11 TERA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY BURD	4.2 NAME	
STREET ADDRESS	249 3RD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAGLE LAKE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ANNE M'LEOD SIGNATURE REQUIRED ANNE M'LEOD 9412933011
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)