NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 771092

1. Corporation Name

FIRST FREE WILL BAPTIST CHURCH OF AUBURNDALE, FL ORIDA, INC.

Principal Place of Business
LE. FLORIDA. INC. 107 ROSE ST AUBURNDALE FL 33823 US
US

Mailing Address
LE. FLORIDA, INC.
107 ROSE ST
AUBURNDALE FL 33823

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90121 045 ****61.25



US		US						
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
	E DERBY AVE	26		i, . 	11/04/1983			
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Apr	lied For	
22					59-2514301	Not	Applicable	
City & State City & State					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23 AUBURNDALE			Country		6. Election Campaign Financing	\$5.00	May Re	
	33823 25 POLK 29 30				Trust Fund Contribution	Added to		
24 330	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered	Agent		
			81	Name				
14/P1494444 1 PATTS				WEITMAN , LESTER 82 Street Address (P.O. Box Number is Not Acceptable)				
WEITMAN, LESTER				Street Add	aress (P.O. Box Number is Not Acceptable)			
107 ROSE ST				83				
AUBURNDALE FL 33823				107	ROSE ST			
			84	City	AUBURNDALE FI	_ - - -	323	
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.								
agent. I a	m familiar with, and accord the obligation	tions of, Section 617,0503, Florida	Statutes				´ .	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE								
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	D	☐ DELETE	1,1 TITLE			☐ Change	☐ Addition	
NAME	LYNN, SANFORD H		1.2 NAME					
STREET ADDRESS	01 11 7011 5015		1.3 STREET	ADDRESS				
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY-S	T-ZIP		•		
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	PAUL, MAXWELL		2.2 NAME	ł			1	
STREET ADDRESS	THE PROPERTY		2.3 STREE	ADDRESS			1	
CITY-ST-ZIP	AUBURNDALE FL		2. 4 CITY- S	T-ZIP				
TITLE	SD DELETE					☐ Change	☐ Addition	
NAME	WEITMAN, MELANIEL		3.2 NAME	ļ				
	3110 AVE T NW		3.3 STREE	ADDRESS			1	
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CITY-S	i				
TITLE	TD DELETE		4.1 TITLE			Change	☐ Addition	
NAME	LYNN, SHARON J		4. 2 NAME				1	
STREET ADDRESS	113 CLAYTON ROAD		4.3 STREE	ADDRESS				
CITY-ST-ZIP	AUBURNDALE FL		4.4 CITY-S	T-ZIP				
TITLE	D DELETE		5.1 TITLE			☐ Change	Addition	
NAME	DAVIS, W.F.		5.2 NAME				İ	
STREET ADDRESS	811 MELTON AVENUE		5.3 STREE	TADDRESS			-	
CITY-ST-ZIP	AUBURNDALE FL		5.4 CITY-S	T-ZIP				
TITLE	PD	☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME	WEITMAN, LESTER		6.2 NAME					
	107 ROSE ST.		6.3 STREE	ADDRESS				
- INEEL MOUNTOO	107 11000 01.							

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.

SICMATURE

SIGNATURE REQUIRE

Daytime Phone #

CROF