

FILE NOW: FILING FEE IS \$61.25

FILED
May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N02132 (1)
1. Corporation Name
FIRST BAPTIST CHURCH OF EUREKA, EUREKA, FLORIDA INC.



Principal Place of Business 16350 N.E. 148TH TERR. RD. P.O. BOX 389 FT MCCOY FL 32134	Mailing Address 16350 N.E. 148TH TERR. RD. P.O. BOX 389 FT MCCOY FL 32134
---	---

3. Date Incorporated or Qualified 03/22/1984	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent
**WALKER, GEORGE M
17529 NE 148TH TERR RD
FT MCCOY FL 32134**

10. Name and Address of New Registered Agent

81 Name Sandra Damon	
82 Street Address (P.O. Box Number is Not Acceptable) 16460 NE 139th Ct.	
83	
84 City Ft. McCoy	85 Zip Code FL 32134

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: Sandra Damon Sandra Damon, President 4/19/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME DENMON, JUDY	
STREET ADDRESS 15875 NE 14 CT	
CITY-ST-ZIP FT MCCOY FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME TROTTER, DEBRA	
STREET ADDRESS 16321 NE 141 TERR	
CITY-ST-ZIP FT MCCOY FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Deborah Hatfield	
1.3 STREET ADDRESS P.O. Box 860 15620 NE 137th Court	
1.4 CITY-ST-ZIP Fort McCoy, FL 32134	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Sandra Damon	
3.3 STREET ADDRESS 16460 NE 139th Ct	
3.4 CITY-ST-ZIP Ft McCoy, FL 32134	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Deborah Hatfield Deborah Hatfield 11/22/98 (25) 872-9809

CR2E037 (10/97)