

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90038 040 \*\*\*\*61.25

**DOCUMENT # N02489**

1. Corporation Name

**THE FIRST BAPTIST CHURCH OF MACCLENNY, INC.**

Principal Place of Business  
P O BOX 391  
MACCLENNY FL 32063-7391

Mailing Address  
P O BOX 391  
MACCLENNY FL 32063-7391



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**04/11/1984**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-6044674**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

☐ **\$5.00** May Be

Trust Fund Contribution Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISH, HUGH D., JR.**  
**34 SOUTH FIFTH STREET**  
**MACCLENNY FL 32063**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME FISER, CONARD  
STREET ADDRESS 552 JONATHAN  
CITY-ST-ZIP MACCLENNY FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME LAMBRIGHT, R.I.  
STREET ADDRESS 212 S COLLEGE ST  
CITY-ST-ZIP MACCLENNY FL

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME GUNNELLS, ROY  
STREET ADDRESS RT. 15, BOX 115  
CITY-ST-ZIP JACKSONVILLE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME KENNEDY, JOHN  
STREET ADDRESS P. O. BOX 209 N/A  
CITY-ST-ZIP GLEN ST MARY FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

SIGNATURE:

*6-2-99*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)