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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # N05953

FIRST MISSIONARY BAPTIST CHURCH OF BELL, FLA. IN

FILED Feb 06 1998 8:00am Secretary of State

C.								
Principal Plac	e of Business	Mailing Address					i B B E	
HIGHWAY 129. MAIN ST P.O. BOX 340		HIGHWAY 129. MAIN ST P.O. BOX 340			3. Date Incorporated or Qualified 10/29/1984			
BELL FL 32619		BELL FL 32619				4. FEI Number Applied f	-or	
0.0000000000000000000000000000000000000	lana of Burdana	10-11-11				NOT APPLICABLE Not Appl	icable	
2. Principal Pi	lace of Business	2a. Mailing Address				5. Certificate of Status Desired S8.75 Addition		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be		
22		27	27			Trust Fund Contribution		
City & State		City & State	City & State			7. Is this nonprofit corporation a homeowners association?		
23		28	1 0-			Yes No		
Zip Country		Zip	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	9. Name and Address of Currer		[30]	_		10. Name and Address of New Registered Agent		
		3.		81	Name			
LANGSTON, LARRY				82	Ctroot Addre	draga /P.O. Boy Number in Net Assentaints		
3209 S US HWY 129				02	Street Addit	ddress (P.O. Box Number is Not Acceptable)		
BELL FL 32619				83				
				84	City	85 Zip Code		
					-	FL		
office of reagent. I as	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig)2 and 617.1508, Florida St of Florida. Such change w ations of, Section 617.0503	atutes, the a as authorize , Florida Sta	bove d by tutes	r-named corporation	oration submits this statement for the purpose of changing its regis on's board of directors. I hereby accept the appointment as registe	tered red	
SIGNATURE	Larry Longs	ton	Lan		Lang	Try 1-4-98		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.					nt signature require	id when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	 [5	
TITLE	STD	DELETE DELETE	1.1 Ti	TLE			ddition	
NAME	SANDERS, MARVIN		1,2 N				1	
STREET ADDRESS	HIGHWAY 129 S.				ADDRESS		[8	
CITY-ST-ZIP	BELL FL		1,4 C	ITY-S1	r-ZIP		5	
TITLE	PD DELETE		2.1 ∏	2.1 TITLE		☐ Change ☐ A	ddition	
NAME	YELVINGTON, JAMES R.		2.2 N	AME				
STREET ADDRESS	DORESS RT 1 BOX 57E, HWY 129 S		2.3 STREET ADDRESS		ADDRESS			
CITY - ST - ZIP	BELL FL		2, 4 0	ΠY-S	T-ZIP			
TITLE	VD	DELETE	3.1 TI			Change A	ddition	
NAME	SPEARS, WILLIE, JR. 3650	NW ET Mace					+	
STREET ADDRESS	RT-1-BOX-2691-HWY-129-N- BELL FL 826/9				ADDRESS		İ	
CITY-ST-ZIP TITLE	BELL FL 32619	DELETE	3.4. C	ITY-S	T-ZIP	Change	ddition	
NAME			4. 2 N			Change A		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIF				TY-ST	j			
TITLE		DELETE	5.1 TI			☐ Change ☐ A	ddition	
NAME		•	5.2 N			• –		
STREET ADDRESS			- 1		ADDRESS		Ī	
CITY-ST-ZIF			5.4 CI	TY-ST	- ZIP			
TITLE		☐ DELETE	6.1 ΤΙ	TLE		Change A	ddition	
NAME			6.2 N	ME			1	
STREET ADDRESS			6.3 ST	REET A	ADDRESS		1	
CITY-ST-ZIF	and the state of t	No. 64. 1 - 719 4 11		TY-ST		Section 119 07/3Vi) Florida Statutes I further certify that the information	-41	
I MALIDOTODIVO			IV IOT TOO GY	ar Dr. C	cini stated in 5	securing a security of the substance of the security of the substance of t	auon i	

Indicated on this annual report or supplied with this him globes not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Turrier 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 cath; 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.

904-462-6244