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Aug 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N10198*

1. Corporation Name

Family Life Baptist Church, Inc.

Principal Place of Business

*1428 NW 50th Terrace
Gainesville, FL 32605*

Mailing Address

*P.O. Box 90063
Gainesville, FL 32607*

3. Date Incorporated or Qualified

7/12/85

4. FEI Number

59-2552664

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

*West, Jon K.
1931 N.W. 4th Street
Gainesville, FL 32605*

10. Name and Address of New Registered Agent

81 Name

Barbara Monday

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

4342 NW 61st Terrace

83

84

City Gainesville

FL

85 Zip Code

32606

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

Barbara Monday

(NOTE: Registered Agent signature required when reinstating)

8/11/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *Eugene Dreyer*
STREET ADDRESS *1428 NW 50th Terrace*
CITY-ST-ZIP *Gainesville, FL 32605*

TITLE ☐ DELETE

NAME *Samuel Johnston*
STREET ADDRESS *1915 NW 13th Street*
CITY-ST-ZIP *Gainesville, FL 32609*

TITLE ☐ DELETE

NAME *Claude Tudor*
STREET ADDRESS *RT 3, Box 470*
CITY-ST-ZIP *Alachua, FL 32615*

TITLE ☐ DELETE

NAME *Barbara Monday*
STREET ADDRESS *4342 NW 61st Terrace*
CITY-ST-ZIP *Gainesville, FL 32606*

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Barbara Monday* *Barbara Monday*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/98

Date

Daytime Phone #

552-377-7071

CR2E037 (10/97)