

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 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90022 007 \*\*\*\*61.25

**DOCUMENT # N10198**

1. Corporation Name

**FAMILY LIFE BAPTIST CHURCH, INC.**

Principal Place of Business

**1428 N.W. 50TH TERRACE  
GAINESVILLE FL 32605  
US**

Mailing Address

**P.O. BOX 90063  
GAINESVILLE FL 32607  
US**

5 7 3 8 5 0 - 90022 - 7



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

**07/12/1985**

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

**59-2552664**

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

24

25

Zip

Country

29

30

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONDAY, BARBARA  
4342 N.W. 61ST TERRACE  
GAINESVILLE FL 32606**

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

TITLE ☐ DELETE

**D  
DREYER, EUGENE  
1428 NW 50 TERRACE  
GAINESVILLE FL 32605**

TITLE ☐ DELETE

**D  
JOHNSTON, SAMUEL  
1915 N.W. 13TH STREET  
GAINESVILLE FL 32609**

TITLE ☒ DELETE

**D  
TUDOR, CLAUDE  
RT. 3, BOX 470  
ALACHUA FL 32615**

TITLE ☐ DELETE

**ST  
MONDAY, BARBARA  
4342 N.W. 61ST TERRACE  
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

**D  
Bob Bark  
4104 N. W. 78th Terrace  
Gainesville, FL 32606**

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, with all other like empowered.

SIGNATURE:

*Barbara Monday*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/99

Date

352-377-7071

Daytime Phone #

CR2E037 (11/98)