

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N12968 (6)

1. Corporation Name

FIRST BAPTIST CHURCH OF BAREFOOT BAY, INC.

Principal Place of Business

Mailing Address

303 BAREFOOT BOULEVARD  
BAREFOOT BAY FL 32976303 BAREFOOT BOULEVARD  
BAREFOOT BAY FL 32976-7420

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/15/1986

3a. Date of Last Report

03/04/1996

4. FEI Number

59-2658401

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIST, ANN  
628 E HYACINTH CIRCLE  
BAREFOOT BAY FL 32976

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 Ann Leist, Chairperson-Trustees

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CHASE, DONALD	
STREET ADDRESS	503 W. PAPAYA CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEIST, ANN	
STREET ADDRESS	628 HYACINTH CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHASE, ELAINE	
STREET ADDRESS	503 W PAPAYA CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYMAN, FANSELOW	
STREET ADDRESS	7875 GREAT BEAR LAKE DR. SNUG HARBOR	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, CLIFF	
STREET ADDRESS	509 SEAGULL CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLZWARTH, KATHERINE	
STREET ADDRESS	516 N SEAGULL CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL	

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VanWolvelaerd, Virginia	
1.3 STREET ADDRESS	9947 Oak Street	
1.4 CITY-ST-ZIP	Micco, FL	
2.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leist, Ann	
2.3 STREET ADDRESS	628 Hyacinth Circle	
2.4 CITY-ST-ZIP	Barefoot Bay, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Griffiths, Robert	
5.3 STREET ADDRESS	408 N. Papaya Circle	
5.4 CITY-ST-ZIP	Barefoot Bay, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Craigie, Robert	
6.3 STREET ADDRESS	717 N. Oleander Circle	
6.4 CITY-ST-ZIP	Barefoot Bay, FL	

14. I do 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: Rev. Millard L. Fraumann, Pastor

2/5/97

(561) 664-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021076

CP2E037 (9/96)