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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90014 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13979

1. Corporation Name
FIRST BAPTIST CHURCH OF FOUNTAIN, FLORIDA, BAY COUNTY, INC.

Principal Place of Business 18906 HWY. 231 P O BOX 349 FOUNTAIN FL 32438 US	Mailing Address 18906 HWY. 231 P O BOX 349 FOUNTAIN FL 32438 US
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/01/1986
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
23 City & State	27 City & State	Applied For <input checked="" type="checkbox"/> Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEGROFF, STEVEN 16130 SANDSTONE ROAD FOUNTAIN FL 32438		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: Steven Degroff DATE: 4-20-99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR CUERVELS, JOHN <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUERVELS, JOHN	1.2 NAME	Kaulback, George
STREET ADDRESS	13606 E HIGHWAY 20	1.3 STREET ADDRESS	11920 Jasmine Street
CITY-ST-ZIP	YOUNGSTOWN FL	1.4 CITY-ST-ZIP	Fountain, FL 32438
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGROFF, STEVEN	2.2 NAME	
STREET ADDRESS	16130 SANDSTONE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FOUNTAIN FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DENNIS	3.2 NAME	
STREET ADDRESS	19711 DEEP SPRINGS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FOUNTAIN FL 32438	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZELIP, HAROLD	4.2 NAME	
STREET ADDRESS	17931 PARK PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	FOUNTAIN FL 32438	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, MARK	5.2 NAME	
STREET ADDRESS	4116 SINGER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FOUNTAIN FL 32438	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGROFF, DAWN	6.2 NAME	
STREET ADDRESS	16130 SANDSTONE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	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: Dawn Degroff SIGNATURE REQUIRED: Steven Degroff DATE: 4-20-99 DAYTIME PHONE #: 850-722-9371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037-(1/198)