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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N18294

(1)

FIRST BAPTIST CHURCH OF EAU GALLIE, INC.

Principal Place of Business Mailing Address									#	JOI BABAH BABAH BIBIA		(il fibil i s di	
% JAMES D. MIXSON 560 MONTREAL AVENUE MELBOURNE FL 32935-1450				% JAMES D. MIXSON 560 MONTREAL AVENUE MELBOURNE FL 32935-7007									
us				U\$				3.	Date Incorporated or Qualified 12/17/1986	3a. Date of t 04/0	Last Re 1 9/19 8		
2. Principal Place of Business				2a. Mailing Address 26				4.	FEI Number 59-6019779	Applied For			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					00 00 10 1 10			Applicable	
22				27				5.	5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 6.				
City & State				City & State			6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Zip Country			Zip Country					Trust Fund Contribution				
24	25			·	30			"	8. 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 Reg	Istered Agent			
							Name						
	I, JAMES D		82 Street Ad			ddress (f	P.O. Box Number is Not Acceptable	ө)					
560 MONTREAL AVENUE MELBOURNE FL 32935-1450						83		• • • • • • • • • • • • • • • • • • • •					
MELBO	JUNE LE 96	:500-1400							· · · · · · · · · · · · · · · · · · ·				
						84	City			FL 85	Zip C		
i sa ecitio II	eoistered ao	ions of Sections 617.050 ent, or both, in the State th, and accept the oblig	a of Horid	da. Such change was	: suthoriz	red hy	the corn	corporation oration's I	on submits this statement for the puboard of directors. I hereby accept	rpose of chan the appointme	ging its ant as i	registered registered	
SIGNATURE													
	Signature, typed	or printed name of registered ag					nt signature r	required when		DATE			
12.	STD	OFFICERS AN	ID DIREC	DELETE DELETE	13				ADDITIONS/CHANGES TO OFFICE				
NAME		eld, Bernard C.		☐ pereit		TITLE	-	D Cotm	' Dilahand	☐ CI	ange	Addition	
STREET ADORESS			12 N			4000000	2666	, Richard					
CITY-ST-ZIP	MEI BOHONE EI			1			ADDRESS	2655 Trammel Avenue Melbourne. FL 32935					
TITLE	D	/INC I C		DELETE		CITY-SI	1 - ZIP	<u>rie i bi</u>	ourne, ri 32435	□ ci	anne	Addition	
NAME	_	ield, wesley			•	NAME	İ			, , , , , , , , , , , , , , , , , , ,	ango	L. Hadillon	
STREET ADDRESS		SYLVAN LANE					ADDRESS						
CITY-ST-ZIP		JRNE FL			1	CITY-S							
TITLE	D	AND THE PERSON NAMED IN COLUMN	-	DELETE		TITLE				☐ C	iange	Addition	
NAME	BELL, V	ANCE L			3.2	NAME	1						
STREET ADDRESS	1324 RI	vermont drive			3.3	STREET	ADDRESS					İ	
CITY-ST-ZIP	MELBOL	JRNE FL			3.4	. CITY-S	T-21P				<u></u>		
THLE	D			DELETE	4.1	TITLE				☐ Cr	lange	Addition	
NAME		W, RICHARD			4. 2	NAME							
STREET ADDRESS		ENT DRIVE			4.3	STREET	address						
CITY-ST-ZIP		JRNE FL				CITY-ST	- ZIP						
TITLE	CD	I IAMPO P		DELETE		TITLE				☐ CH	ange	Addition	
NAME		I, JAMES D.				NAME							
STREET ADDRESS		INDSONG COURT					ADDRESS						
CITY-ST-ZIP	MELBUL	JRNE FL		DELETE	-	CITY-ST	-ZIP					A plantation	
TOTLE				C) OFCEIE	1	TITLE				□ Cł	ange	Addition	
NAME PIRCEL ADDRESS						NAME	A DADOCCO						
STREET ADDRESS					6.3	STREET	ADDRESS						

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: Remaind C. Edenfield 2/19/97 407-259-3686

FILED

Mar 04 1997 8:00am

Secretary of State