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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18294

1. Corporation Name
FIRST BAPTIST CHURCH OF EAU GALLIE, INC.

| | |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Principal Place of Business % JAMES D. MIXSON 560 MONTREAL AVENUE MELBOURNE FL 32935-1450 US | Mailing Address % JAMES D. MIXSON 560 MONTREAL AVENUE MELBOURNE FL 32935-1450 US |
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| 2. Principal Place of Business 21 560 Montreal Avenue Suite, Apt. #, etc. 22 City & State 23 Melbourne, Florida Zip Country 24 32935 25 USA | 2a. Mailing Address 26 560 Montreal Avenue Suite, Apt. #, etc. 27 City & State 28 Melbourne, Florida Zip Country 29 32935 30 USA | 3. Date Incorporated or Qualified 12/17/1986 | 4. FEI Number 59-6019779 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 9. Name and Address of Current Registered Agent DAVIS, EDMUND R 560 MONTREAL AVENUE MELBOURNE FL 32935 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | STD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDENFIELD, BERNARD C. | 1.2 NAME | |
| STREET ADDRESS | 1557 CARIBBEAN CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LITTLEFIELD, WESLEY | 2.2 NAME | |
| STREET ADDRESS | 3521 N. SYLVAN LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELL, VANCE L | 3.2 NAME | |
| STREET ADDRESS | 1324 RIVERMONT DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURKLEW, RICHARD | 4.2 NAME | |
| STREET ADDRESS | 3269 KENT DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL | 4.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, EDMUND R | 5.2 NAME | |
| STREET ADDRESS | 633 CHARLES DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GETZ, RICHARD | 6.2 NAME | |
| STREET ADDRESS | 2655 TRAMMEL AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4/21/99 (407) 254-2339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)