


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N19155** (3)
1. Corporation Name
INDIANTOWN BAPTIST CHURCH, INC.



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| Principal Place of Business 15457 S.W. 150 STREET P.O. BOX 275 INDIANTOWN FL 34956-3323 | Mailing Address 15457 S.W. 150 STREET P.O. BOX 275 INDIANTOWN FL 34956-3323 |
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| 3. Date Incorporated or Qualified 02/10/1987 | |
| 4. FEI Number 59-1310764 | Applied For Not Applicable |

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| 2. Principal Place of Business 21 15457 SW 150 St. Suite, Apt. #, etc. 22 P.O. Box 396 City & State 23 Indiantown, FL Zip 24 34956 | 2a. Mailing Address 25 15457 SW 150 St Suite, Apt. #, etc. 26 P.O. Box 396 City & State 27 Indiantown, FL Zip 28 34956 Country 29 Martin 30 Martin |
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| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent HERMAN, DONALD 15110 S.W. TRAIL CT. P.O. BOX 284 396 INDIANTOWN FL 34956 |
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| 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 Donald Herman **DONALD HERMAN** **5 MAY 98**
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 | <input type="checkbox"/> DELETE |
| NAME | D HUNTLEY, ROBERT |
| STREET ADDRESS | 25001 SW 86TH ST.(P.O. BOX 284) |
| CITY-ST-ZIP | INDIANTOWN FL 34956 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VD HERMAN, DON |
| STREET ADDRESS | 15110 S.W. TRAIL CT |
| CITY-ST-ZIP | INDIANTOWN FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | SD LEGERE, MYRTLE |
| STREET ADDRESS | 14402 SW DIVOT DR |
| CITY-ST-ZIP | INDIANTOWN FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D GOODE, WARREN |
| STREET ADDRESS | 14700 S.W. CITRUS BLVD. |
| CITY-ST-ZIP | INDIANTOWN FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Treasurer |
| STREET ADDRESS | Lonny Griggs |
| CITY-ST-ZIP | 14331 SW Divot St |
| CITY-ST-ZIP | Indiantown, FL 34956 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, 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: James Duane Truss **5-5-98** **561/537-4232**

CR25037 (10/97)