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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N22189

1. Corporation Name

BLUEWATER BAPTIST CHURCH, INC.

Principal Place of Business

4580 RANGE RD P O BOX 5189 NICEVILLE FL 32578

Mailing Address

4580 RANGE RD P O BOX 5189 NICEVILLE FL 32578



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/24/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-2794091

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, RANDALL E. 4580 RANGE ROAD 218 621 CARRIBBEAN WAY NICEVILLE FL 32578

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

Randall E. Jones

14 Feb 99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE NAME MAYS, ORBIE STREET ADDRESS 1058 LAKEWAY DR. CITY-ST-ZIP NICEVILLE FL 32578

1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE D [] DELETE NAME POSEY, KENNETH STREET ADDRESS 103 BERMUDA WAY CITY-ST-ZIP NICEVILLE FL 32578

2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE T [] DELETE NAME WEBB, ROBERT STREET ADDRESS 106 CHOCTAW COVE VALPARAISO FL CITY-ST-ZIP

3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE D [] DELETE NAME JONES, RANDALL E. STREET ADDRESS 621 CARIBBEAN WAY CITY-ST-ZIP NICEVILLE FL

4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE [] Change [] 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 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:

Randall E. Jones SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Feb 99

Date

(850) 882-4446

Daytime Phone #

CR2E037 (11/98)