FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

(5)

FELLOWSHIP INDEPENDENT BAPTIST CHURCH OF QUINCY,

Principal Place of Business Mailing Address 651 SOUTH ADAMS STREET 651 SOUTH ADAMS STREET 3. Date Incorporated or Qualified **OUINCY FL 32351 QUINCY FL 32351** <u>10/09/1</u>987 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional W 5. Certificate of Status Desired 26 Fee Required Suite. Apt. #. etc Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes ☐ No Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DANIEL, WILLIAM F. Street Address (P.O. Box Number is Not Acceptable) 418 EAST VIRGINIA STREET 63 TALLAHASSEE FL 32302 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Change Addition TITLE 1.1 TITLE GREEN, WILLIAM A. NAME 1.2 NAME 631 N CALHOUN ST STREET ADDRESS 1.3 STREET ADDRESS **QUINCY FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP VD DELETE X Change THILE 2.1 TITLE ■ Addition **WILLIAMS, JAMES** NAME 2.2 NAME Williams, James P.O. BOX 159 STREET ADDRESS 2.3 STREET ADDRESS P.O. Box 159 MIDWAY FL Midway, FL 3234 N/A CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change STD TITLE 3.1 TITLE Addition STACKHOUSE, ELIJAH NAME 3.2 NAME 8102-B JIM LEE RD STREET ADDRESS 3.3 STREET ADDRESS tallahassee fl CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 5.1 TITLE Change NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS**

CITY-ST-ZIP 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 supplimental 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, of on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETÉ

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition

FILED

Jul 16 1998 8:00am

Secretary of State