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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23827 (1)

1. Corporation Name

THE SECOND BAPTIST CHURCH OF DUCK POND, INC.



Principal Place of Business

Mailing Address

C/O REV. HENRY E. BROWDER SR.
ROUTE 3 BOX 75
STARKE FL 32091

C/O REV. HENRY E. BROWDER SR.
ROUTE 3 BOX 75
STARKE FL 32091-9304

3. Date Incorporated or Qualified
12/11/1987

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 90 Ruby B. HARPER

25 90 Ruby B. HARPER

22 RT 3 BOX 75

27 RT 3 BOX 75

23 STARKE, FL

28 STARKE, FL

24 32091 25 USA

29 32091 30 USA

4. FEI Number
59-2873298

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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 Registered Agent

BROWDER, HENRY E., SR.
ROUTE 3 BOX 75
STARKE FL 32091

81 Name Ruby B. HARPER

82 Street Address (P.O. Box Number is Not Acceptable)
RT 3 BOX 75

83 STARKE, FL

84 City STARKE FL 85 Zip Code 32091

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 Ruby B. HARPER

(NOTE: Registered Agent signature required when reinstating)

DATE 4-30-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BROWDER, JAKE F.
STREET ADDRESS 5188 COUNTRY ESTATES RD.
CITY- ST- ZIP MIDDLEBURG FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE D
NAME STARLING, M SANDRA
STREET ADDRESS RT 3 BOX 70
CITY- ST- ZIP STARKE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE D
NAME HARPER, RUBY B.
STREET ADDRESS ROUTE 3 BOX 73
CITY- ST- ZIP STARKE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

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 Ruby B. HARPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ruby B. Harper

DATE 4-30-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001597

CR2E037 (9/96)