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**May 05, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



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

**DOCUMENT # N23827**

1. Corporation Name

**THE SECOND BAPTIST CHURCH OF DUCK POND, INC.**

Principal Place of Business

C/O RUBY B HARPER  
 ROUTE 3 BOX 75  
 STARKE FL 32091  
 US

Mailing Address

C/O RUBY B HARPER  
 ROUTE 3 BOX 75  
 STARKE FL 32091  
 US



2. Principal Place of Business

21 C/O RUBY B. HARPER

Suite, Apt. #, etc.

22 RT. 6 BOX 75

City & State

23 STARKE, FL, 32091

Zip Country

24 32091 25 US

2a. Mailing Address

26 C/O RUBY B. HARPER

Suite, Apt. #, etc.

27 RT. 6 BOX 75

City & State

28 STARKE, FL.

Zip Country

29 32091 30 US

3. Date Incorporated or Qualified

12/11/1987

4. FEI Number

59-2873298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

HARPER, RUBY B  
 ROUTE 3 BOX 75  
 STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name

~~RUBY~~ HARPER, RUBY B.

82 Street Address (P.O. Box Number is Not Acceptable)

RT. 6 BOX 75

83

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

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 ☐ DELETE

NAME D  
 BROWDER, JAKE F  
 STREET ADDRESS 5168 COUNTRY ESTATES RD.  
 CITY-ST-ZIP MIDDLEBURG FL

TITLE ☐ DELETE

NAME SD  
 STARLING, SANDRA M  
 STREET ADDRESS RT 6 BOX 70  
 CITY-ST-ZIP STARKE FL 32091

TITLE ☐ DELETE

NAME PD  
 HARPER, RUBY B  
 STREET ADDRESS RT 6 BOX 75  
 CITY-ST-ZIP STARKE FL 32091

TITLE ☐ DELETE

NAME T  
 STARLING, ROBERT M  
 STREET ADDRESS RT 6 BOX 70  
 CITY-ST-ZIP STARKE FL 32091

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ~~BY C~~  
 STARLING, ROBERT M.  
 1.3 STREET ADDRESS RT.6 BOX 70  
 1.4 CITY-ST-ZIP ~~STARKE, FL.~~ 32091

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V  
 HUITT, DONALD  
 2.3 STREET ADDRESS RT.6 BOX 77  
 2.4 CITY-ST-ZIP STARKE, FL. 32091

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME T  
~~RENEE~~ HUITT, BECKY  
 3.3 STREET ADDRESS RT.6 ~~STARKE~~ BOX 77  
 3.4 CITY-ST-ZIP STARKE, FL. 32091

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 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: *Robert M. Starling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 904-964-5760

Date

Daytime Phone #

CR2E037 (1/98)