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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90034 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N25357

1. Corporation Name

FIRST BAPTIST CHURCH OF CUYLER, INC.

153358 90034 45 \*

Principal Place of Business  
 PO BOX 608  
 GLEN ST. MARY FL 32040

Mailing Address  
 PO BOX 608  
 GLEN ST. MARY FL 32040



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/11/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2117400	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CRAWFORD, SARAH D. RT 1 BOX 814 SANDERSON FL 32087				81	Name			Sparkman, Deborah
				82	Street Address (P.O. Box Number is Not Acceptable)			Rt. 2 Box 1220
				83				
				84	City		85	Zip Code
		Glen St Mary		FL	32040			

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: Deborah Sparkman - Church Clerk DATE: 1-15-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEPPNER, MICHAEL W	1.2 NAME	Sparkman, Deborah
STREET ADDRESS	P O BOX 33 N/A	1.3 STREET ADDRESS	Rt. 2 Box 1220
CITY-ST-ZIP	SANDERSON FL	1.4 CITY-ST-ZIP	Glen St Mary FL 32040
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORTHINGTON, BILLY	2.2 NAME	Wade, Jerry
STREET ADDRESS	RT 1 BOX 575 N/A	2.3 STREET ADDRESS	P.O. Box 1426
CITY-ST-ZIP	SANDERSON FL	2.4 CITY-ST-ZIP	Glen St Mary FL 32040
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	CRAWFORD, SARAH D.	3.2 NAME	
STREET ADDRESS	RT. 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANDERSON FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	GODBOLD, ROY	4.2 NAME	
STREET ADDRESS	RT. 2	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 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: Deborah Sparkman DATE: 1-15-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)