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04-26-1999 90280 039 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N25933

1. Corporation Name

MIDWAY BAPTIST CHURCH, INC.

Principal Place of Business

2902 E. MIDWAY RD.
PLANT CITY FL 33565

Mailing Address

2902 E. MIDWAY RD.
PLANT CITY FL 33565



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/15/1988

4. FEI Number

59-1936407

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

9. Name and Address of Current Registered Agent

FUTCH, RAY
2902 E WILLIAMS RD
PLANT CITY FL 33565

10. Name and Address of New Registered Agent

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

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 **VD**
STREET ADDRESS **PINION, HERMAN**
CITY-ST-ZIP **4202 E. KNIGHTS GRIFFIN**
PLANT CITY FL

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **FUTCH, RAY**
CITY-ST-ZIP **2902 E. WILLIAMS ROAD**
PLANT CITY FL

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **JOHNSON, RAY**
CITY-ST-ZIP **1103 OLD POLK CITY RD**
LAKE LAND FL 33809

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **BUCHANAN, RUBY**
CITY-ST-ZIP **2710 N. WILDER ROAD**
PLANT CITY FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MITCHELL, JOYCE**
CITY-ST-ZIP **4107 N. WILDER RD.**
PLANT CITY FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **OSBORN, CLYDE**
CITY-ST-ZIP **2804 E MAYDAY RD**
PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **BILL REED**
1.4 CITY-ST-ZIP **5020 W. Knights Griffin Rd.**
Plant City, FL 33565

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

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

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 813-752-7209
Date Daytime Phone #

CR2E037 (11/98)