### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N25987**

#### FIRST BAPTIST CHURCH OF ELLENTON, FLORIDA, INC.

Principal Place of Busines
1707 36TH AVENUE EAST
PALMETTO FL 34221
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

1707 36TH AVENUE EAST PALMETTO FL 34221

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

26

27

28

# **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90074 027 \*\*\*\*70.00

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X

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/19/1988

59-2468455~

4. FEI Number

23		28					Fe-	e Required		
Zip	Country	Zip	Coun	try	ļ	6. Election Campaign Financing	<b>□</b> \$5.	00 мау Ве		
24	25	29	30			Trust Fund Contribution	Add	ded to Fees		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			1	31 Nam	e					
ROGERS, LENA J.			-	82 Street Address (P.O. Box Number is Not Acceptable)						
1707-36TH AVENUE EAST										
PALMETTO FL 34221			}	B3				1		
· · · · · · · · · · · · · · · · · · ·	5 1 E 4 1 E E		ŀ	B4 City			85	Zip Code		
				-			FL L			
l office or r	to the provisions of Sections 617.050: egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was	authorized	by the co	ed corpora rporation	ation submits this statement for the present of directors. I hereby accept	urpose of changin the appointment a	g its registered is registered		
SIGNATURE		A control of control of	E; Registered A	gent missestu	re required to	has relocation	DATE			
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	Gave signatu	a required w	ADDITIONS/CHANGES TO OFFI		CTORS IN 12		
TITLE	0	DELETE	1.1 TITL	E	D		☐ Cha			
NAME	ROGERS, LENA JEWEL		1.2 NA	ΙE	-	-ia Tim		Ì		
STREET ADDRESS	17700 HWY 62		1.3 STF	EET ADDRES		vis, Jim 07 101 Street East				
CITY-ST-ZIP	PARRISH FL			∕∙ST-ZIP	300	•				
TITLE	D	[★ DELETE	2.1 TTT		<del>- Pa</del> s	lmetto, Fl. 34221	☐ Cha	nge Addition		
NAME	STEVENSON, DOROTHY		2.2 NAM	Æ				ĺ		
STREET ADDRESS	1680 40TH AVE CIRCLE EAST		2.3 STF	EET ADDRES	ss					
CITY-ST-ZIP	ELLENTON FL		2. 4 CIT	Y-ST-ZIP		~				
TITLE	D	☐ DELETE	3.1 TITI	E			☐ Cha	inge		
NAME	ORVILLE (DICK) MILLER		3.2 NA	Æ				ĺ		
STREET ADDRESS	2510 3RD ST. E.		3.3 STF	EET ADDRES	ss					
CITY-ST-ZIP	BRADENTON FL 34208		3.4. CIT	Y-ST-ZIP	l					
TITLE		☐ DELETE	4.1 TITI	E	T		☐ Cha	inge		
NAME			4. 2 NA	ΜE						
STREET ADDRESS			4.3 STF	EET ADDRES	ss					
CITY-ST-ZIP			4.4 CIT	/-ST-ZIP						
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NAME			5.2 NA							
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CITY-ST-ZIP				/-ST-ZIP	<del> </del>	·				
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NAME	, ·		6.2 NA							
STREET ADDRESS				EET ADDRES	SS					
CITY-ST-ZIP				/-ST-ZIP			£ . 4b	the information		
14. I hereby	certify that the information supplied wi	th this filing does not qualify f	for the exen	iption sta	ted in Sec	ction 119.07(3)(i), Florida Statutes. I f	turtner certify that	the information		

indicated on this annual report or supplies will all 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 attackment with an address, with all other like empowered.

SIGNATURE:

2-25-99

941-722-4376

Daytime Phone #

Applied For

\$8.75 Additional

Fee Required

Not Applicable