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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90054 014 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # N26906**

1. Corporation Name  
**FIRST BAPTIST CHURCH OF ARCADIA, INC.**

Principal Place of Business 1006 N. BREVARD AVE ARCADIA FL 33821 US	Mailing Address 1006 N. BREVARD AVE ARCADIA FL 33821 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/10/1988</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-0689702</b>	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BROWN, FLETCHER</b> <b>124 N. BREVARD AVE.</b> <b>ARCADIA FL 33821</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, MURL	1.2 NAME	CARL YOST
STREET ADDRESS	3943 NW CR 661A	1.3 STREET ADDRESS	6443 NW PINE HURST DR
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	ARCADIA FL 34266
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHERFORD, HIRAM	2.2 NAME	ZEB PARKER
STREET ADDRESS	840 N JOHNSON AVE	2.3 STREET ADDRESS	5484 SE BROWN RD
CITY-ST-ZIP	ARCADIA FL 34266	2.4 CITY-ST-ZIP	ARCADIA FL 34266
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOZIER, JOYCE	3.2 NAME	
STREET ADDRESS	153 S. VOLUSIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOST, CARL	4.2 NAME	
STREET ADDRESS	6443 NW PINEHURST DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMACK, ROBERT L	5.2 NAME	MURL COKER
STREET ADDRESS	P O BOX 1422 N/A	5.3 STREET ADDRESS	3943 NW CR 661A
CITY-ST-ZIP	ARCADIA FL	5.4 CITY-ST-ZIP	ARCADIA FL 34266
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORRELLS, STEVE	6.2 NAME	
STREET ADDRESS	6923 CR 661	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	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: Steve Sorrells **REQUIRED** Steve Sorrells  
 Treasurer 4/19/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)