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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27823** **(6)**

1. Corporation Name
FIRST BAPTIST CHURCH OF SAN MATEO, INC.

Principal Place of Business	Mailing Address
HIGHWAY 100 EAST POST OFFICE BOX 56 SAN MATEO FL 32187	HIGHWAY 100 EAST POST OFFICE BOX 56 SAN MATEO FL 32187-0056

3. Date Incorporated or Qualified: 08/09/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-2278315 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAAS, LOIS M.
123 PARK DR
SATSUMA FL 32189

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 _____ DATE
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	PD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	CLARK, CARLOS		1.2 NAME	HOWLE, JOHN	
STREET ADDRESS	123 SMITH LANE		1.3 STREET ADDRESS	115 GAIL DRIVE	
CITY-ST-ZIP	SATSUMA FL 32189		1.4 CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAAS, LOIS		2.2 NAME		
STREET ADDRESS	123 PARK DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SATSUMA FL 32189		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GIPSON, ARTHUR		3.2 NAME		
STREET ADDRESS	101 NASHUA		3.3 STREET ADDRESS		
CITY-ST-ZIP	SATSUMA FL 32189		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PATE, RICHARD		4.2 NAME		
STREET ADDRESS	100 BETSY ROSS PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SATSUMA FL 32189		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HASS, WILLIAM A.		5.2 NAME	HAAS, WILLIAM A.	
STREET ADDRESS	STAR RT. 3, BOX 1209		5.3 STREET ADDRESS	123 PARK DRIVE	
CITY-ST-ZIP	SATSUMA FL		5.4 CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Lois M. Haas REQUIRED Lois M. Haas 4-29-97 (904)328-1377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 0003783