

5-19-97 B-7509 C  
FILE NOW: FILING FEE IS \$61.25

FILED

May 19 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 # N28997 (7)

1. Corporation Name

HILLCREST BAPTIST CHURCH OF MASCOTTE, FLORIDA, I  
NC.

Principal Place of Business

215 THOMAS STREET  
MASCOTTE FL 34753

Mailing Address

P.O. BOX 186  
MASCOTTE FL 34753-0186



3. Date Incorporated or Qualified  
10/25/1988

3a. Date of Last Report  
09/09/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

CREWS, BRADLEY H  
4210 AG ROAD  
GROVELAND FL 34736

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME ELDER, KENT  
STREET ADDRESS 2849 EMPIRE CHURCH ROAD  
CITY-ST-ZIP GROVELAND FL 34736

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Elder Kent M. JR  
1.3 STREET ADDRESS 4829 Empire Church Road  
1.4 CITY-ST-ZIP Groveland, FL 34736

TITLE D ☐ DELETE  
NAME BALDWIN, WILLIAM  
STREET ADDRESS 150 SUNSET STREET  
CITY-ST-ZIP GROVELAND FL

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Baldwin William  
2.3 STREET ADDRESS 150 Sunset Street  
2.4 CITY-ST-ZIP Groveland FL 34736

TITLE PD ☐ DELETE  
NAME CREWS, BRADLEY  
STREET ADDRESS 4210 AG ROAD  
CITY-ST-ZIP GROVELAND FL

3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME Crews Bradley  
3.3 STREET ADDRESS 4210 Ag Road  
3.4 CITY-ST-ZIP Groveland FL 34736

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 for an attachment with an address.

SIGNATURE:

*Bradley H. Crews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

(352) 429-3405

Date

Daytime Phone # 0070690

CR2E037 (9/96)