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Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28997** (7)

1. Corporation Name

HILLCREST BAPTIST CHURCH OF MASCOTTE, FLORIDA, INC.

Principal Place of Business

Mailing Address

**215 THOMAS STREET
MASCOTTE FL 34753**

**P.O. BOX 186
MASCOTTE FL 34753**

3. Date Incorporated or Qualified

10/25/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CREWS, BRADLEY H
4210 AG ROAD
GROVELAND FL 34738**

81 Name

HOWARD, CHARLES

82

Street Address (P.O. Box Number is Not Acceptable)

6629 WYNN LANE

83

84

City **GROVELAND**

FL

85

Zip Code **34736**

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

Charles Howard
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **ELDER, KENT**
STREET ADDRESS **4829 EMPIRE CHURCH RD**
CITY-ST-ZIP **GROVELAND FL**

TITLE **D** ☐ DELETE

NAME **BALDWIN, WILLIAM**
STREET ADDRESS **150 SUNSET STREET**
CITY-ST-ZIP **GROVELAND FL**

TITLE **PD** ☒ DELETE

NAME **CREWS, BRADLEY**
STREET ADDRESS **4210 AG ROAD**
CITY-ST-ZIP **GROVELAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

HOWARD, CHARLES

6629 WYNN LN

GROVELAND, FL 34736

D

ALLARD, EARL

152 KNIGHT ST

MASCOTTE FL 34753

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.

SIGNATURE

Charles Howard

5/13/98

252-114-2632

CR2E037 (10/97)