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Secretary of State

09-02-1999 90006 014 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28997**

1. Corporation Name

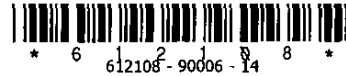
**HILLCREST BAPTIST CHURCH OF MASCOTTE, FLORIDA, I  
NC.**

Principal Place of Business

**215 THOMAS STREET  
MASCOTTE FL 34753**

Mailing Address

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



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

City & State

**23**  
Zip Country

**24**  
25

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

City & State

**27**  
Zip Country

**28**  
29 30

3. Date Incorporated or Qualified

**10/25/1988**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



**\$5.00** May Be  
Added to Fees

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

**HOWARD, CHARLES  
6629 WYNN LANE  
GROVELAND FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ELDER, KENT</b>	
STREET ADDRESS	<b>4829 EMPIRE CHURCH RD</b>	
CITY-ST-ZIP	<b>GROVELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BALDWIN, WILLIAM</b>	
STREET ADDRESS	<b>150 SUNSET STREET</b>	
CITY-ST-ZIP	<b>GROVELAND FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOWARD, CHARLES</b>	
STREET ADDRESS	<b>6629 WYNN LANE</b>	
CITY-ST-ZIP	<b>GROVELAND FL 34736</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLROO, EARL</b>	
STREET ADDRESS	<b>152 KNIGHT ST</b>	
CITY-ST-ZIP	<b>MASCOTTE FL 34753</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ALLRED, EARL</b>
4.3 STREET ADDRESS	<b>152 KNIGHT ST</b>
4.4 CITY-ST-ZIP	<b>MASCOTTE, FL 34753</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/29/99**

0073727

CR2E037 (11/98)