FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90105 020 ****61.25

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DOCUMENT # N30505

1. Corporation Name
BAYOU CHURCH OF CHRIST, INCORPORATED

Principal Place of Business	Mailing Address
1480 PINE ST NICEVILLE FL 32578 US	1208 BAYSHORE DR NICEVILLE FL 32578 US

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/03/1989
4. FEI Number: 59-2894133 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PARISH, DONNA M.
1211 S CEDAR AVENUE
NICEVILLE FL 32578

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 Donna M. Parish 3-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	CD	☐ Change ☒ Addition
NAME	BRADFORD, JOHN F.		1.2 NAME	BILL LEWTER	
STREET ADDRESS	310 MCEWEN DRIVE		1.3 STREET ADDRESS	262 GLENVIEW AVE.	
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY-ST-ZIP	VALPARAISO, FL 32580	
TITLE	CD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	PARISH, JR. JAMES A.		2.2 NAME	JAMES A PARISH, JR.	
STREET ADDRESS	1208 BAYSHORE DRIVE		2.3 STREET ADDRESS	1208 BAYSHORE DR.	
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	TD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	TAYLOR, ROBERT L.		3.2 NAME	STANLEY LEWTER	
STREET ADDRESS	102 20TH STREET		3.3 STREET ADDRESS	262 GLENVIEW AVE.	
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP	VALPARAISO, FL 32580	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (11/98)

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: James A. Parish Jr. SIGNATURE REQUIRED 3-8-99 (850) 678-2903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #