**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 17, 1999 8:00 am**
**Secretary of State**
03-17-1999 90010 009 ****61.25
03-17-1999 90010 010 *****8.75

DOCUMENT # **N33449**

1. Corporation Name
**HIGHLANDS BAPTIST CHURCH OF LEVY COUNTY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 14631 SE 30TH ST.<br>MORRISTON FL 32668<br>US | 14631 SE 30TH ST.<br>MORRISTON FL 32668<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>07/26/1989 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>NOT APPLICABLE ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

9. **Name and Address of Current Registered Agent**

**BELL, BENJAMIN J**
**14631 SE 30TH ST.**
**MORRISTON FL 32668**

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 | PDT | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | BELL, BENJAMIN J. | | 12 NAME | | |
| STREET ADDRESS | PDT | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | MORRISTON FL | | 14 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | DENMARK, VERNON | | 22 NAME | | |
| STREET ADDRESS | 6130 S.E. 148TH TERR | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | MORRISTON FL 32668 | | 24 CITY-ST-ZIP | | |
| TITLE | SDAT | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | BELL, MAYDELL | | 32 NAME | | |
| STREET ADDRESS | 15250 SE 70TH ST. | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | MORRISTON FL | | 34 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 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 on an attachment with an asterisk; or that I am other like empowered.

**SIGNATURE:** Benjamin J Bell 1-16-99 1-352 528 3967
TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)