### **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N34250**

#### FIRST BAPTIST CHURCH OF CARRABELLE, INC.

Principal Place of Business
C/O MARIE D. GRAY
P O DRAWER 768
CADDADELLE EL 2222

Mailing Address

C/O MARIE D. GRAY P O DRAWER 768 CARRABELLE FL 32322

# **FILED** Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90023 027 \*\*\*\*61.25



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ξ. Principal Place of Business 2a. Mailing Address								orated or Qualifed			
1]						09/19/19					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number			<del> </del>	olied For	
2					59-22653	61			Applicable		
City & State City & State							5. Certifcate of	Status Desired		<b>\$8.75</b> A Fee Red	
3 28											<u> </u>
Zip	Country	$\vdash$	Zip Country			i i	mpaign Financing		\$5.00 to Added to		
1 25 29 30							Trust Fund		Dogistorod		rees
	9. Name and Address of Current	Regis	stered Agent		81	Name	IV. Name and	Address of New	registered	Agent	
					٠'	Name					
GRAY, MARIE D.					82	Street Add	ress (P.O. Box Nun	ber is Not Accept	able)		
201 AVENUE A SOUTH							<del></del>				
P O BOX 110 (MAIL)					83						
CARRABELLE FL 32322					84	City				85 Zip C	ode
									FL		
1. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 6	17.1508, Florida Statutes	s, the ab	ove	-named com	poration submits this	s statement for the	purpose of of the appo	r cnanging its i intment as rec	registerea iistered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligati	ions of	, Section 617.0503, Florid	da Statu	ites.	ile corporati	On a poard or direct	0/3: / //с/СБу 4000	pi alio appo		,
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: F		Agent	signature require	ed when reinstating)		DATE		20 11 40
12.	OFFICERS AND	D DIRE		13.			ADDITIONS/	CHANGES TO OF	FICERS A		
ITLE	TS		☐ DELETE	1.1 TIT	LE					Change	☐ Additio
IAME	GRAY, MARIE D.			1.2 NA	ME		÷				
TREET ADDRESS	812 TALLAHASSEE ST			1.3 STI	REET.	ADDRESS					
XITY-ST-ZIP	CARRABELLE FL			1.4 CIT	Y-ST	- ZIP					
TILE	TD		☐ DELETE	2.1 TIT	LE					Change	Addition
IAME	PUTNAL, BEVIN L		ند ميديد .	_ 2.2 NA	ME		<b>-</b> .				
TREET ADDRESS	805 1ST ST W			2.3 ST	REET.	ADDRESS					
HTY-ST-ZIP	CARRABELLE FL			2. 4 CF	TY-\$1	T-ZIP					
TTLE	TOT		☐ DELETE	3.1 TIT	LE			_		Change	Addition
IAME	MIRABELLA, RUTH			3.2 NA	ME						
TREET ADDRESS	040 000 OT			3.3 STI	REET	ADDRESS					
SITY-ST-ZIP	CARRABELLE FL			3.4. CI	TY-\$1	T-ZIP					
TILE	TD		☐ DELETE	4.1 TIT						☐ Change	Addition
IAME	JACKSON, RONALD			4. 2 NA	WE						
TREET ADDRESS	1			4.3 STI	REET	ADDRESS					
XTY-ST-ZIP	CARRABELLE FL			4.4 CIT		1					
TILE	TP		☐ DELETE	5.1 TIT						☐ Change	☐ Additio
IAME	CLARK, MIKEL L.			5.2 NA							
TREET ADDRESS	AND THE ALLE OFFICE			5.3 ST	REET	ADDRESS					
	CARRABELLE FL 32322			5.4 CIT		L				,	
TITY-ST-ZIP	CANTADELLE FL 32322		☐ DELETE	6.1 TIT						Change	☐ Additio
				6.2 NA							_
AME	1			1		ADDRESS					
STREET ADDRESS	1			0.3 5 1	KEE	~mnucoo					

6.4 CITY-ST-ZIP HTY-ST-ZIP 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.