

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N35248** (6)
1. Corporation Name
EAST BAY BAPTIST CHURCH OF NAVARRE, INC.



Principal Place of Business WELTA F. BRAND 6935 NAVARRE PKWY NAVARRE FL 32556 US	Mailing Address C/O MICHAELA C. WORTHAM 3159 HICKORY ST. NAVARRE FL 32566 US
--	--

2. Principal Place of Business 21 7304 EAST BAY BLVD Suite, Apt. #, etc. 22 City & State 23 NAVARRE FL Zip 24 32566 Country	2a. Mailing Address 25 PO Box 6210 Suite, Apt. #, etc. 27 City & State 28 NAVARRE FL Zip 29 32566 Country
---	---

3. Date Incorporated or Qualified 11/17/1989	4. FEI Number 59-3019801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent WORTHAM, MICHAELA C 3159 HICKORY ST. NAVARRE FL 32566	
---	--

10. Name and Address of New Registered Agent 81 Name Sam Chagg 82 Street Address (P.O. Box Number is Not Acceptable) 1918 Candlewood Rd. 83 84 City NAVARRE FL 85 Zip Code 32566	
---	--

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 Samuel H. Chagg
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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANCE, PATRICIA	1.2 NAME	SAM CHAGG
STREET ADDRESS	3143 HICKORY ST.	1.3 STREET ADDRESS	1918 CANDLEWOOD RD.
CITY-ST-ZIP	NAVARRE FL	1.4 CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D RUTH WEST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORTHAM, FRANK P	2.2 NAME	1828 AMBASSADOR DR
STREET ADDRESS	3159 HICKORY ST.	2.3 STREET ADDRESS	GULF BREEZE, FL 32561
CITY-ST-ZIP	NAVARRE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D PAUL JOHNSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORTHAM, MICHAELA C	3.2 NAME	1766 SUNNY OAK ST
STREET ADDRESS	3159 HICKORY ST.	3.3 STREET ADDRESS	GULF BREEZE FL 32561
CITY-ST-ZIP	NAVARRE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIER, JUDITH	4.2 NAME	
STREET ADDRESS	8207 MOLINA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: Samuel H. Chagg

CR2E037 (10/97)