FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

N36041

(4)

FILED Mar 17 1998 8:00am Secretary of State

1. Corporatio	II I IQ INO	• •		
SOPCH	HOPPY FIRST BAPTIST CHU	IRCH, INC.		
Principal Place of Business		Mailing Address		- FORESTER ORD STREET DESIGN OFFICE STORY DIRECT DESIGN OF STREET DESIGN OF STREET DESIGN OF STREET
CORNER OF ROSE STREET AND FIFTH AVE. P O BOX 429 SOPCHOPPY FL 32358-042 US			9	3. Date incorporated or Qualified 01/10/1990
		•		4. FEI Number Applied For
• Dringian D	lane of Punings	2a. Mailing Address		59-2368564 Not Applicable
2. Principal Place of Business		26		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State City & State			7. Is this ponprofit corporation a homeowners association?	
 		28		Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔲 Yes 🔯 No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
LANGSTON, RONALD			82 Street Add	dress (P.O. Box Number is Not Acceptable)
	AITH CREEK ROAD		63	
SOPCHOPPY FL 32358			65	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the			es, the above-named cor	rporation submits this statement for the purpose of changing its registered
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 register 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 register agent. I app familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
1 2 10 N 2 T				3-11-98
SIGNATURE .	Signature, typed or printed name of registered ager	t and title applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LANGSTON, RONALD		1.2 NAME	
STREET ADDRESS	8257 SMITH CREEK ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL 32358	DELETE	1.4 CITY-ST-ZIP	Change Addition
TITLE	D D		2.1 TITLE 2.2 NAME	C Vitalige C Notation
NAME AVDEET ADDRESS	COLVIN, JEROME 49 EMMETT WHALEY ROAD		2.3 STREET ADDRESS	
STREET ADDRESS	CRAWFORDVILLE FL 32327		2.4 CITY-ST-ZIP	
CITY-ST-ZIP	0	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAND, TERRY	_	3.2 NAME	
STREET ADDRESS	77 MATHERS FARM ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		3.4. CITY - ST - ZIP	
TITLE	D	DELETE	4.1 TATLE	☐ Change ☐ Addition
NAME	VAUSE, CLAXTON		4. 2 NAME	
STREET ADDRESS	80 PARK AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL 32358		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		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
TITLE			6.2 NAME	Change Z Audinon
NAME CTRCCT ADDRESS				
STREET ADDRESS			6.3 STREET ADDRESS	

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.

Nonald Langston 3-11-98

962-9851