## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

	ŀ	ILEL	)
Mar	18	1998	8:00am
Se	cret	tary of	f State

	BAPTIST CHURCH OF FRU			
Principal Place	e of Business	Mailing Address		
P.O. BOX 327 96 WEST B ST		P.O. BOX 327 96 WEST B STREET FROSTPROOF FL 33843		3. Date Incorporated or Qualified 06/27/1990
FROSTPROOF	FL 33043	US		4. FEI Number Applied For
				<b>59-1105012</b> Not Applicable
2. Principal P	lace of Business	2s. Mailing Address 25		Certificate of Status Desired     \$8.75 Additional Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State	ө	City & State		7. Is this nonprofit corporation a homeowners association?
23	I Comment	28 Zip	Country	
Zip	Country	·	10	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
24	25 2. Name and Address of Current		W)	10. Name and Address of New Registered Agent
		. Hogistalou rigott	81 Name	
James	Human			
	THERBERT		82 Street Add	dress (P.O. Box Number Is Not Acceptable)
	ILLOW BROOK COURT		83	
MINIEN	HAVEN FL 33881			
Ì			84 City	FL 85 Zip Code
11 Oursuppl	to the provisions of Sections 617 050	2 and 617 1508 Florida Statutes	the above-named cor	rooration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corpore	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the obligi	ations of, Section 617.0503, Flori		1-ancor 2-11-95
SIGNATURE	Consture, typed or printed name of registerod pur	James (NOTE	Herbert Registered Agent signature requ	hairsey  JATE  DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	HOUCHINS, G.C.		1.2 NAME	
STREET ADDRESS	331 WEST F. STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPOOF FL		1.4 CITY-ST-ZIP	
TITLE	SD	DELETE	2.1 TITLE	S De Change Addition
NAME	BEASLEY, CAROLE		2.2 NAME	
STREET ADDRESS	234 EAST F STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		2. 4 CITY-ST-ZIP	·
TITLE	T	DELETE	3.1 TITLE	Change Addition
NAME	MYER, JOYCE		3.2 NAME	
STREET ADDRESS	1833 N. LAKE REEDY BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	Change Addition
NAME	BRANTLEY, JOHNNY		4.2 NAME	
STREET ADDRESS	2251 SR 630 WEST		4.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		4.4 CITY-ST-ZIP	
TITLE	D	DELETE	5.1 TITLE	Change Addition
NAME	BUTTS, RALPH		5.2 NAME	
STREET ADDRESS	481 PALMETTO AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		5.4 CITY-ST-ZIP	
TITLE	PD	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LAIRSEY, JAMES HERBERT		6.2 NAME	
STREET ADDRESS	5703 WILLOW BROOK COUP	रा	6.3 STREET ADDRESS	
City-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	
				and the second of the second o

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:

941-635-369