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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90243 044 \*\*\*\*61.25

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**DOCUMENT # N39313**

1. Corporation Name

**FIRST BAPTIST CHURCH OF EAST PALATKA, INC.**

Principal Place of Business

FIRST BAPTIST OF EAST PALATKA  
TAMMY & TILLIGMAN STREET  
EAST PALATKA FL 32131  
US

Mailing Address

PO BOX 404  
EAST PALATKA FL 32131  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

07/26/1990

4. FEI Number

59-3022421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BOBBITT, VIVIAN L.  
108 BROWNING LANE  
EAST PALATKA FL 32131

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 VIVIAN L. BOBBITT  
Signature, typed or printed name of registered agent and title if applicable.

Vivian L. Bobbitt  
(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 24-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME TPD  
STREET ADDRESS POLK, WILLARD  
CITY-ST-ZIP RT. 1, BOX 442  
EAST PALATKA FL

TITLE ☐ DELETE  
NAME TPD  
STREET ADDRESS WARWICK, W.E.  
CITY-ST-ZIP 121 RIVER TERRACE  
EAST PALATKA FL 32131

TITLE ☐ DELETE  
NAME TSD  
STREET ADDRESS BOBBITT VIVIAN L  
CITY-ST-ZIP 108 BROWNING LANE  
EAST PALATKA FL 32131

TITLE ☐ DELETE  
NAME DTV  
STREET ADDRESS HESTER, KERMIT  
CITY-ST-ZIP RT 1 BOX 694 - 106 MAGNOLIA  
EAST PALATKA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(f), 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.

SIGNATURE: VIVIAN L. BOBBITT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24-99  
Date Daytime Phone # 1-904-325-5330

CR2E037 (1/98)