

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90007 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N40954					
1. Corporation Name INDEPENDENT BIBLE BAPTIST CHURCH, INC.					
Principal Place of Business 150 S CHERRY ST. STARKE, FL 32091 US			Mailing Address 150 S CHERRY ST STARKE FL 32091 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 11/14/1990	
				4. FEI Number 59-2516983 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 MCNEILL, DAVID 1150 NORTH CLARK STREET STARKE FL 32091			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME	MOBLEY, EDWARD	1.2 NAME			
STREET ADDRESS	P.O. BOX 433 N/A	1.3 STREET ADDRESS			
CITY-ST-ZIP	STARKE FL 32091-0433	1.4 CITY-ST-ZIP			
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME	CRAPSE, MICHAEL SR.	2.2 NAME			
STREET ADDRESS	RT 1 BOX 792	2.3 STREET ADDRESS			
CITY-ST-ZIP	LAWTEY FL	2.4 CITY-ST-ZIP			
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME	MURPHY, GENE R.	3.2 NAME			
STREET ADDRESS	RT 3 BOX 1319	3.3 STREET ADDRESS			
CITY-ST-ZIP	STARKE FL 32091	3.4 CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		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		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Sept 99

Date

904-964-4775

Daytime Phone #

CR2E037 (5/99)