

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 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 # N41845 (1)
 1. Corporation Name
THE FIRST BAPTIST CHURCH OF BARTOW, FLORIDA, INC



| | |
|--|--|
| Principal Place of Business 410 E. CHURCH ST BARTOW FL 33830 | Mailing Address 410 E. CHURCH ST BARTOW FL 33830 |
|--|--|

| | |
|--|---|
| 3. Date Incorporated or Qualified 01/29/1991 | |
| 4. FEI Number 05-0013304 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |

| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 |
|--|---|

| | |
|---|---------------------------------------|
| 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
**SLOAN, LINTON J
 410 E CHURCH ST
 BARTOW FL 33830**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBER, KENNETH D. | 1.2 NAME | |
| STREET ADDRESS | 1055 BEAR CREEK DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BARTOW FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHILES, AL, JR. | 2.2 NAME | |
| STREET ADDRESS | 740 MANOR DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BARTOW FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLLAND, BEN | 3.2 NAME | F. Linton Sloan, Jr. |
| STREET ADDRESS | 1165 N. MILL AVE. | 3.3 STREET ADDRESS | 1220 Spring Ct. |
| CITY-ST-ZIP | BARTOW FL | 3.4 CITY-ST-ZIP | BARTOW, FL 33830 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCOTT, FRANK M. | 4.2 NAME | |
| STREET ADDRESS | 1520 SAILPOINT DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BARTOW FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VILLANUEVA, LUIS | 5.2 NAME | |
| STREET ADDRESS | 2100 EL PASO TRAIL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BARTOW FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YORK, W. RALPH | 6.2 NAME | |
| STREET ADDRESS | 915 SHADY LANE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BARTOW FL | 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: F. Linton Sloan Jr Director 4-28-98 800-282-7821
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 005549

CR2E037 (10/97)