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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41927 (7)

1. Corporation Name
FIRST BAPTIST CHURCH OF GROVELAND, INC.

Principal Place of Business 137 E. CHERRY ST. GROVELAND FL 34736	Mailing Address 137 E. CHERRY ST. GROVELAND FL 34736
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3. Date Incorporated or Qualified 02/01/1991		
4. FEI Number 59-1749023	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 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 type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

THOMAS, SANDRA
5520 MARY'S VILLA ROAD
GROVELAND FL 34736

10. Name and Address of New Registered Agent

81 Name
G. RANDY MITCHELL

82 Street Address (P.O. Box Number is Not Acceptable)
725 SOUTH MAIN AVENUE

83

84 City
GROVELAND

85 Zip Code
FL 34736

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 *G. Randy Mitchell* DATE **3-18-98**

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

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	HARDY, OZELL	
STREET ADDRESS	336 DIVISION STREET	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOULTON, JAMES E.	
STREET ADDRESS	267 E SUNSET ST	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, WILLIAM M JR	
STREET ADDRESS	558 E WALDO ST	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEWELL, AUBY RAY	
STREET ADDRESS	955 S KANSAS ST	
CITY-ST-ZIP	GROVELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JEANETTE B EDMUNDSON	
STREET ADDRESS	315 SLOAN'S RIDGE ROAD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ANDERSON, SHIRLEY	
STREET ADDRESS	4022 EAST CARDINAL PINES DRIVE	
CITY-ST-ZIP	MASCOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	18204 MORRISON STREET
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Paul Hardy* DATE: **3/18/98** ID: **429-2651**

CR2E037 (10/97)