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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N41927**

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



21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number
22	City & State	27	City & State		Applied For
	Zip	28	Country	5.	Certificate of Status Desired
23	Country	29	Country		Not Applicable
24	Country	30	Country		\$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		10. Name and Address of New Registered Agent	
MITCHELL, G. RANDY 725 SOUTH MAIN AVE GROVELAND FL 34736		81 Name	G. RANDY MITCHELL
		82 Street Address (P.O. Box Number is Not Acceptable)	725 SOUTH MAIN AVENUE
		83	
		84 City	GROVELAND FL
		85 Zip Code	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: 2-2-99

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	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, OZELL	1.2 NAME	
STREET ADDRESS	336 DIVISION STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOULTON, JAMES E.	2.2 NAME	
STREET ADDRESS	267 E SUNSET ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, WILLIAM M JR	3.2 NAME	
STREET ADDRESS	558 E WALDO ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWELL, AUBY RAY	4.2 NAME	
STREET ADDRESS	18204 MORRISON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANETTE B EDMUNDSON	5.2 NAME	
STREET ADDRESS	315 SLOAN'S RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SHIRLEY	6.2 NAME	
STREET ADDRESS	4022 EAST CARDINAL PINES DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MASCOTTE 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, with all other like empowered.

SIGNATURE: *G. Randy Mitchell* DATE: 2-3-99 352-429-2651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)