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Jan 16 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 # **N43613** (1)

1. Corporation Name

**DISCIPLESHIP BAPTIST CHURCH OF DAVENPORT, FLORID
A, INC.**

Principal Place of Business

Mailing Address

**125 COTTON WOOD DR
DAVENPORT FL 33837
US**

**P.O. BOX 876
DAVENPORT FL 33837**

3. Date Incorporated or Qualified

05/24/1991

4. FEI Number

59-3112728

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VARDELL, GREGORY A
125 COTTONWOOD DR.
DAVENPORT FL 33837**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VARDELL, GREGORY A	
STREET ADDRESS	312 BAY ST.	
CITY-ST-ZIP	DAVENPORT FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARRSION, JANET	
STREET ADDRESS	626 DUNCAN CIR.	
CITY-ST-ZIP	AUBURNDALE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALKER, ROBERT	
STREET ADDRESS	415 N 22ND ST	
CITY-ST-ZIP	LAKELAND FL	

TITLE	VTRD	<input type="checkbox"/> DELETE
NAME	ANDERSON, WILLIAM	
STREET ADDRESS	112 GROVE PARK DRIVE	
CITY-ST-ZIP	DAVENPORT FL	

TITLE	CTRD	<input type="checkbox"/> DELETE
NAME	ARRANT, MIKE	
STREET ADDRESS	4479 OLD TAMPA HWY	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, ROBERT	
STREET ADDRESS	415 N. 22ND ST	
CITY-ST-ZIP	HAINES CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VARDELL, GREGORY A	
1.3 STREET ADDRESS	9 SPRUCE CT.	
1.4 CITY-ST-ZIP	DAVENPORT, FL 33837	

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	PDTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALKER, ROBERT	
3.3 STREET ADDRESS	415 N. 22ND ST.	
3.4 CITY-ST-ZIP	HAINES CITY FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	CTRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ARRANT, MIKE	
5.3 STREET ADDRESS	4479 TAMPA LANE	
5.4 CITY-ST-ZIP	KISSIMMEE FL	

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: **Gregory A. Vardell** **GREGORY A. VARDELL** 1/5/98 94-424-3674

CR2E037 (10/97)