

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09 1998 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N44712** (0)

1. Corporation Name

**BAILEY ROAD BAPTIST CHURCH, INC.**



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| Principal Place of Business<br><b>5140 BAILEY ROAD<br/>MULBERRY FL 33860</b> | Mailing Address<br><b>5140 BAILEY ROAD<br/>MULBERRY FL 33860</b> |
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| 3. Date Incorporated or Qualified<br><b>08/14/1991</b> |
| 4. FEI Number<br><b>59-3060731</b>                     |
| Applied For<br><input type="checkbox"/> Not Applicable |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
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| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 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 |

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| 9. Name and Address of Current Registered Agent<br><b>POWELL, SHELTON C<br/>3255 ROYAL OAK DR S.<br/>MULBERRY FL 33860</b> |
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| 10. Name and Address of New Registered Agent<br>81 Name <b>Robert V. Roberts</b><br>82 Street Address (P.O. Box Number Is Not Acceptable) <b>1611 Monterey Ln.</b><br>83 <b>Lakeland, FL 33813</b><br>84 City <b>Lakeland</b> <b>FL</b> 85 Zip Code <b>33813</b> |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *Robert V. Roberts* **Robert V. Roberts** **March 2, 1998**  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>POWELL, SHELTON C</b>                            |
| STREET ADDRESS             | <b>3255 ROYAL OAK DRIVE S.</b>                      |
| CITY-ST-ZIP                | <b>MULBERRY FL 33860</b>                            |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>SMATT, EDDIE</b>                                 |
| STREET ADDRESS             | <b>315 CORONADO COURT</b>                           |
| CITY-ST-ZIP                | <b>LAKELAND FL 33809</b>                            |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>FREEMAN, DAVID</b>                               |
| STREET ADDRESS             | <b>2720 GORDON ST</b>                               |
| CITY-ST-ZIP                | <b>MULBERRY FL 33860</b>                            |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE            |
| NAME                       | <b>SIMMONS, S.E.</b>                                |
| STREET ADDRESS             | <b>2805 SMITHTOWN DR.</b>                           |
| CITY-ST-ZIP                | <b>LAKELAND FL</b>                                  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>BASHER, DAVID</b>                                |
| STREET ADDRESS             | <b>1019 JOSEPHINE ST</b>                            |
| CITY-ST-ZIP                | <b>LAKELAND FL 33818</b>                            |
| TITLE                      | <input type="checkbox"/> DELETE                     |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | <b>Dr. Robert V. Roberts</b>   |
| 1.3 STREET ADDRESS                                    | <b>1611 Monterey Ln.</b>   |
| 1.4 CITY-ST-ZIP                                       | <b>Lakeland, FL 33813</b>  |
| 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | <b>Mrs. Patsy J. Clarke</b>  |
| 2.3 STREET ADDRESS                                    | <b>1727 Sanchez Ave.</b>   |
| 2.4 CITY-ST-ZIP                                       | <b>Lakeland, FL 33801</b>  |
| 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  | <b>Mrs. Carol A. Gilmore</b>   |
| 3.3 STREET ADDRESS                                    | <b>2216 Crystal Grove Ln.</b>  |
| 3.4 CITY-ST-ZIP                                       | <b>Lakeland, FL 33801</b>  |
| 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   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  | <b>Miss Elsie M. McCall</b>  |
| 5.3 STREET ADDRESS                                    | <b>926 Lakehurst St.</b>   |
| 5.4 CITY-ST-ZIP                                       | <b>Lakeland, FL 33805</b>  |
| 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 *Robert V. Roberts* **Robert V. Roberts** **March 2, 1998** (941) 687-4764

CR2E037 (10/97)