

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sander B. Mortham** \*  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 NOV 12 AM 10: 53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # **N45604** (8)  
 1. Corporation Name  
**FIRST BAPTIST CHURCH OF WEST SCENIC PARK, INC.**

Principal Place of Business Mailing Address  
**2000 MT LK CUTOFF RD LAKE WALES FL 33853 US**  
**P.O. BOX 782 LAKE WALES FL 33853**

3. Date Incorporated or Qualified  
**10/14/1991**

4. FEI Number Applied For  
**NOT APPLICABLE** 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

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**KING, BUCK H.**  
**3226 WALK IN WATER ROAD**  
**LAKE WALES FL 33853**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **CT FULMER, DIXIE**

STREET ADDRESS **4012 ROLLING HILLS EAST LAKE WALES FL**

CITY-ST-ZIP

TITLE  DELETE

NAME **VD KING, BUCK H.**

STREET ADDRESS **3226 WALK IN WATER RD. LAKE WALES FL**

CITY-ST-ZIP

TITLE  DELETE

NAME ~~**STD WEEKS, LUCILLE**~~

STREET ADDRESS ~~**4225 OLD BARTOW RD LAKE WALES FL**~~

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

NAME **Allan Anderson T**

1.2 NAME

STREET ADDRESS **8250 Alex Way**

1.3 STREET ADDRESS

CITY-ST-ZIP **Haines City, FL 33844**

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME **800002689768--8**

2.3 STREET ADDRESS **-11/17/98--01068--009**

2.4 CITY-ST-ZIP **\*\*\*\*245.00 \*\*\*\*245.00**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS **REINSTATEMENT 98**

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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)(c), 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: **RESIGNATURE REQUIRED**  2-11-98  941-696-3023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0066102

CR2E037 (10/97)