

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
--	---	---

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

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

3. Date Incorporated or Qualified
10/14/1991

4. FEI Number
NOT APPLICABLE

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**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CT	1.1 TITLE
NAME	FULMER, DIXIE	1.2 NAME
STREET ADDRESS	4012 ROLLING HILLS EAST	1.3 STREET ADDRESS
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP
TITLE	VD	2.1 TITLE
NAME	KING, BUCK H.	2.2 NAME
STREET ADDRESS	3226 WALK IN WATER RD.	2.3 STREET ADDRESS
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP
TITLE	STD	3.1 TITLE
NAME	WEEKS, LUCILLE	3.2 NAME
STREET ADDRESS	4225 OLD BARTOW RD	3.3 STREET ADDRESS
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE	ALLAN ANDERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	8250 Alex Way	
1.3 STREET ADDRESS	Haines City, FL 33844	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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		

REINSTATEMENT

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

CR25037 (10/97)