FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(6)

DOCUMENT # COOPERATIVE BAPTIST FELLOWSHIP OF FLORIDA, INC. Principal Place of Business Mailing Address 820 MCDONALD ST P.O. BOX 2556 3. Date Incorporated or Qualified **LAKELAND FL 33801** LAKELAND FL 33806 11/12/1991 4. FEI Number Applied For 59-3104330 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Added to Fees 22 Trust Fund Contribution 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes X No 23 28 Zio Zip Country 8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes No Yes Personal Property Tax due June 30. 24 26 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ANDERSON, CAROLYN C Street Address (P.O. Box Number is Not Acceptable) **820 MCDONALD STREET** LAKELAND FL 33801 83 84 Citv Zip Code 85 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME WALKER, MARGIE 1.2 NAME 2078 HYDE PARK RD 27 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MULKEY, BOB NAME 2.2 NAME 725 NORTH WOODLAND BLVD STREET ADDRESS 2.3 STREET ADDRESS **DELAND FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE white clement 6261 3rd Ave NAME WHITE, CLEMENT 3.2 NAME 6261 3RD AVENUE NORTH STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG F 3.4. CITY-ST-ZIP CITY-ST-ZIP DFLETE Change Addition 4.1 TITLE TITLE AVERETT, IDA 4. 2 NAME STREET ADDRESS 1758 CLARENDON AVE 4.3 STREET ADDRESS LAKELAND FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE ANDERSON, CAROLYN 5.2 NAME 817 LEXINGTON ST STREET ADDRESS 5.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Brende Titus 6194 Breckenridge Ct Change Addition TITLE 6.1 TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS LAKELAND 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.

SIGNATURE: Bunda

Inter Treasure

941-682-6802

FILED

Mar 24 1998 8:00am

Secretary of State