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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45978

1. Corporation Name

COOPERATIVE BAPTIST FELLOWSHIP OF FLORIDA, INC.

Principal Place of Business

820 McDONALD ST
LAKELAND FL 33801
US

Mailing Address

P.O. BOX 2556
LAKELAND FL 33806



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/12/1991

4. FEI Number

59-3104330

Applied For

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

9. Name and Address of Current Registered Agent

ANDERSON, CAROLYN C
820 McDONALD STREET
LAKELAND FL 33801

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

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 VPD ☐ DELETE

NAME WALKER, MARGIE

STREET ADDRESS 2078 HYDE PARK RD 27

CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME BRENDA TITUS

STREET ADDRESS 6694 BRECKENRIDGE CT

CITY-ST-ZIP LAKELAND FL

TITLE PD ☒ DELETE

NAME WHITE, CLEMENT

STREET ADDRESS 6261 3RD AVENUE NORTH

CITY-ST-ZIP ST. PETERSBURG F

TITLE SD ☐ DELETE

NAME ANDERSON, CAROLYN

STREET ADDRESS 817 LEXINGTON ST

CITY-ST-ZIP LAKELAND FL

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 PD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Walker Margie
2078 Hyde Park Rd 27
Jacksonville FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Jack Shaw
5486 Carrick Rd
Cocoa FL 32927

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Brenda Titus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda Titus 2/19/99

941 682 6802
Daytime Phone #

CR2E037 (11/98)