## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION

**ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS		Secreta	ry of State	
P	OCUMENT Corporation Name		` '		7	
	THE FIRST BAN	PTIST CHURCH OF I	BARBERVILLE, INC.			
Principal Place of Business			Malling Address			
P.O. BOX 97 BARBERVILLE FL 32105			P.O. 80X 97 Barberville FL 32105		3. Date Incorporated or Qualified 03/10/1992	
					4. FEI Number 59-2379251	Applied For Not Applicable
	Principal Place of Busi	ness	2a. Mailing Address			\$8.75 Additional
21	Suite, Apt. #, etc.		Suite, Apt. #, etc.		B. Election Campaign Financing	Fee Required
22			27		Trust Fund Contribution	\$5.00 May Be Added to Fees
Ĭ	City & State		City & State		7. Is this nonprofit corporation a homeowners association?  □ Yes □ No	
23	Zip	Country .	<b>28</b>	Country	8. This corporation owes or has paid	
24		25 Volus, a	<del></del>	o Volusia	Personal Property Tax due June 3	0. 🔲 Yes 🗌 No
8. Name and Address of Current Registered Agent  81 Na					10. Name and Address of New Regi	Istered Agent
	DUBBERLY, WILLIA	AM M.			fress (P.O. Box Number is Not Acceptable	- 1
181 EAST 2ND AVENUE					mad (1 to son traines to tree to specime	·/-
	PIERSON FL 3218	0		83		
8				84 City		FL 85 Zip Code
	Down and to the month			<del></del>	<del></del>	<del></del>
11.	office or registered ac	sions of Sections 617,0502	and 617.1508, Florida Statutes ' Florida: Such change was auf	s, the above-named corp shorized by the corpora	poration submits this statement for the pur tipe's board of directors. I bereby accept	rpose of changing its registered
		sions of Sections 617.0502 gent, or both, in the State of Ith, and accept the obligation	and 617.1508, Florida Statutes I Florida. Such change was au ons of, Section 617.0503, Flori	<ul> <li>the above-named cor, thorized by the corpora da Statutes.</li> </ul>	poration submits this statement for the pur tion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
	NATURE	sions of Sections 617,0502 a gent, or both, in the State of vith, and accept the obligation dor printed name of registered agent a		thorized by the corpore da Statutes.  Registered Agent signature requi		rpose of changing its registered the appointment as registered
SIG 12.	NATURE Signature, typed		and title if applicable. (NOTE: F	Registered Agent signature requi		DATE RS AND DIRECTORS IN 12
SIG 12.	NATURE Signature, typed	d or printed name of registered agent a OFFICERS AND I	and title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstating)	DATE
SIG 12. TITLE NAME	NATURE Signature, typed	d or printed name of registered agent a OFFICERS AND I	and title if applicable. (NOTE: F	Flegistered Agent signature requi 13. 1.1 TITLE 1.2 NAME	ired when reinstating)	DATE RS AND DIRECTORS IN 12
SIG 12. TITLE NAMI STRE	Signature, types  T  DUBBEI  ET ADDRESS  181 E.	of printed name of registered agent a OFFICERS AND I	and title if applicable. (NOTE: F	Flegistored Agent signature requi 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	ired when reinstating)	DATE RS AND DIRECTORS IN 12
SIG 12. TITLE NAMI STRE	Signature, typed Signature, typed T E DUBBEI ET ADDRESS 181 E.: ST-ZIP PIERSO	of printed name of registered agent a OFFICERS AND I	and title if applicable. (NOTE: F	Flegistered Agent signature requi 13. 1.1 TITLE 1.2 NAME	ired when reinstating)	DATE RS AND DIRECTORS IN 12
SIG 12. TITLE NAMI STRE CITY	Signature, typed  Signature, typed  T  E  DUBBEI  ET ADDRESS 181 E. ST-ZIP PIERSO T  E  POWEL	OFFICERS AND I OFFICERS AND I RLY, WILLIAM M. 2ND AVENUE ON FL	and title if applicable. (NOTE: F DIRECTORS DELETE	Flegistered Agent signature requi 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	ired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition
SIG 12. TITLE NAMI STREE CITY- TITLE NAMI STREE	Signature, typed  T E DUBBEI ET ADDRESS 181 E. S PIERSO T E POWEL ET ADDRESS 2120 E	OFFICERS AND INTERPOLATION OFFICERS AND INTERPOLATION OFFICERS AND INTERPOLATION OF THE PROCESS OF T	and title if applicable. (NOTE: F DIRECTORS DELETE	Registored Agent signature requi 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	ired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition
SIG 12. TITLE NAMI STRE CITY- TITLE NAMI STRE CITY-	NATURE Signature, hyper  E DUBBEI ET ADDRESS 181 E.: -ST-ZIP PIERSO  E POWEL ET ADDRESS 2120 E -ST-ZIP DELECTION	OFFICERS AND I OFFICERS AND I RLY, WILLIAM M. 2ND AVENUE ON FL	and file if applicable. (NOTE: F DIRECTORS DELETE DELETE	Registored Agent signature requi 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY - ST - ZIP	ired when reinstating)	DATE  RS AND DIRECTORS IN 12  Change Addition  Change Addition
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14. Thereby 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.

**FILED** 

Feb 05 1998 8:00am