## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUI 1. Corporation	MENT # N4973	35 (6)		
FIRST BAPTIST CHURCH OF CHULUOTA, FLORIDA, INC.				
Principal Place of Business Malling Address				) CORNICES AND RISKS SOME SOURD SINDS ONLY DIGHT BIRTH
200 LAKE MILLS RD POST OFFICE BOX 187				3. Date Incorporated or Qualified
CHULUOTA FL 32766 CHULUOTA FL 32766				07/01/1992
				4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address				59-2324138   Not Applicable
21 26			5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
27		· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	
City & State City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country Zip		Country	☐ Yes ☒ No
24	25	29	30	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XNo
	9. Name and Address of Curre		1001	10. Name and Address of New Registered Agent
			81 Name	<del></del>
MCEACHERN, LEIGH 82 Street Address				Address (P.O. Box Number is Not Acceptable)
	IOW HILL ROAD			
CHULUOTA FL 32766			63	
			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				
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 tille if applicable. (NOT 12. OFFICERS AND DIRECTORS			OTE: Registered Agent algnature r	required when reinetating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TR OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	MCEACHERN, LEIGH		1.2 NAME	
STREET ADDRESS	The second secon		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL		1.4 CITY - ST - ZIP	
TITLE	TR	☐ DELET <b>É</b>	2.1 TITLE	☐ Change ☐ Addition
NAME	MEADOWS, CHRISTOPHER (	).	2.2 NAME	
STREET ADDRESS	2205 SNOW HILL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL	T   20, 200	2. 4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	3.1 TITLE	Change  Addition
NAME STREET ADDRESS	SLATER, VERLIE 244 TROPICAL AVE		3.2 NAME 3.3 STREET ADDRESS	
]	CHULUOTA FL		3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE	AHACAAWAE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ AddItion
TITLE		☐ DETEIF	6.1 TITLE	LI Change LI Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	
CITY_ST_7ID			6.3 STREET ADDRESS	

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.

**FILED** 

Mar 20 1998 8:00am

Secretary of State