

FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49735

1. Corporation Name
FIRST BAPTIST CHURCH OF CHULUOTA, FLORIDA, INC.

Principal Place of Business 200 LAKE MILLS RD CHULUOTA FL 32766 US	Mailing Address POST OFFICE BOX 187 CHULUOTA FL 32766
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/01/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2324138
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCEACHERN, LEIGH 2205 SNOW HILL ROAD CHULUOTA FL 32766		81 Name	Richard L. Mays
		82 Street Address (P.O. Box Number is Not Acceptable)	136 Lake Crescent DR.
		83	
		84 City	Chuluota FL 85 Zip Code 32766

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]* DATE 1/17/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCEACHERN, LEIGH	1.2 NAME	Richard L. Mays
STREET ADDRESS	2205 SOUTHERN CROSS RANCH SNOW HILL RD	1.3 STREET ADDRESS	136 Lake Crescent DR.
CITY-ST-ZIP	CHULUOTA FL	1.4 CITY-ST-ZIP	Chuluota, FL 32766
TITLE	TR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEADOWS, CHRISTOPHER D.	2.2 NAME	John K. Wenderlein
STREET ADDRESS	2205 SNOW HILL RD	2.3 STREET ADDRESS	2220 Estes DR.
CITY-ST-ZIP	CHULUOTA FL	2.4 CITY-ST-ZIP	Geneva, FL 32732
TITLE	TR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLATER, VERLIE	3.2 NAME	Luke Stallworth
STREET ADDRESS	244 TROPICAL AVE	3.3 STREET ADDRESS	121 Rosa Ave.
CITY-ST-ZIP	CHULUOTA FL	3.4 CITY-ST-ZIP	Oviedo, FL 32762
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Edward Rayburn
STREET ADDRESS		4.3 STREET ADDRESS	140 E. 7th St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Chuluota, FL 32766
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Phillip G. G. G. G.
STREET ADDRESS		5.3 STREET ADDRESS	491 Lake Lenelle DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Chuluota, FL 32766
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *[Signature]* DATE 1/17/99 DAYTIME PHONE # (407) 365-8323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)