FILE NOW: FILING FEE IS $61.25

FILED
Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N50266** **(8)**

1. Corporation Name

ICHETUCKNEE RIVER BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
25811 CR 137 O'BRIEN FL 32071-9723 US	25811 CR 137 O'BRIEN FL 32071-9723 US

3. Date Incorporated or Qualified: 08/03/1992

4. FEI Number: 59-2959122 [redacted] Applied For

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SNIPES, MARVIN
25811 CR 137
O'BRIEN FL 32071-9723

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAREY, HERSCHELL RTE 2, BOX 254-B FT. WHITE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Terry Bosserman 3339 216th St. Lake City, Fl 32024	☐ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REISER, FRANK RTE 1, BOX 1682 O'BRIEN FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Sherrell Brooks Route 2 Box 4150 Fort White, Fl 32038	☐ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REISER, WILLIAM RTE 1, BOX 1401 O'BRIEN FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Frank G Reiser 25058-25th Place OBrien Fl 32071	☐ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	300002483988 -04/09/98--01003--010 ***61.25	☐ Change ☐ Addition KS 4/9
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Frank G Reiser Marvin Snipes Pres 2-10-98 (904)776-2326

CR2E037 (10/97)