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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000000264 (2)

1. Corporation Name

MISSION BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

P.O. BOX 603
MIMS FL 32754

P.O. BOX 603
MIMS FL 32754

3. Date Incorporated or Qualified

01/15/1993

4. FEI Number

59-3165511

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMB, ALBERT G
2455 JAY JAY ROAD
TITUSVILLE FL 32796

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

LAMB, ALBERT G

STREET ADDRESS

2240 HOLDER RD

CITY-ST-ZIP

MIMS FL 32754

TITLE

SD

☐ DELETE

NAME

LAMB, SANDY G

STREET ADDRESS

2240 HOLDER RD

CITY-ST-ZIP

MIMS FL 32754

TITLE

VD

☐ DELETE

NAME

WILBANKS, DENNIS

STREET ADDRESS

4048 FAIRFAX DR

CITY-ST-ZIP

MIMS FL 32754

TITLE

TD

☐ DELETE

NAME

REYNOLDS, KAREN

STREET ADDRESS

6060 STAMFORD ST

CITY-ST-ZIP

SCOTTSMOOR FL 32775

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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

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.

SIGNATURE:

Karen Reynolds Karen Reynolds

1-18-98 117-212-5777

CR2E037 (10/97)