## 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

DOCUMENT # N9300001268 (2)					
FIRST BAPTIST CHURCH OF BUNNELL, FLORIDA, INC.					
Principal Place of Business Mailing Address					HALID HOUR BEIDT TOLF ING!
301 E. MOODY BLVD. P.O. BOX 365				3. Date Incorporated or Qualified	
BUNNELL FL 32110-0365				03/19/1993	
				4. FEI Number	Applied For
2. Principal F	Place of Business	2a. Mailing Address	<del></del>	59-1883327	Not Applicable
21	<b>-</b> '			Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.				\$5.00 May Be
City & Stat	City & State City & State			Trust Fund Contribution	Added to Fees
23	<b>_</b> *			7. Is this nonprofit corporation a homeowners a	
Zip	Country	Ζίρ	Country	8. This corporation owes or has paid the curren	t year Intangible
24	25	29	30	Personal Property Tax due June 30.	
<b> </b> -	9. Name and Address of Current	Registered Agent	61 Name	10. Name and Address of New Registered Age	ent
HOLVEIG D. O. O. ID.					
HOLYFIELD, O. C. JR 4 WINCHESTER PLACE				Address (P.O. Box Number is Not Acceptable)	
PALM COAST FL 32164			83		
			84 City		35 Zip Code
				FL	
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 aigneture required				e required when reinstaling) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DI	
TITLE	T AND VEIEUR OF 15	☐ DELETE	1.1 TITLE		Change
NAME	HOLYFIELD, O.C. JR		1.2 NAME	1	
STREET ADDRESS	4 WINCHESTER PLACE PALM COAST FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
CITY-ST-ZIP	T	X DELETE	2.1 TITLE	T	Change 352 Addition
NAME	LAWRENCE, ROBERT	<del>_</del>	2.2 NAME	RODGERS, BOB	200
STREET ADDRESS	2257 S. CENTRAL AVE.		2.3 STREET ADDRESS	16 KALVERTON COURT	
CITY-ST-ZIP	FLGLER BEACH FL 32136		2. 4 CiTY-ST-ZIP	PALM COAST, FL 32137-5612	
TITLE	T	X DELETE	3.1 TITLE	T	Change 🔀 Addition
NAME	TOLSON, ANTRIA		3.2 NAME	WHITE, KENNETH	
STREET ADDRESS	27 LLOYD TRAIL		3.3 STREET ADDRESS	4675 CO. RD. 305	
CITY-ST-ZIP	PALM COAST FL 32137	DELETE	3.4. CITY+ST-ZIP 4.1 TITLE	BUNNELL, FL 32110	Change Addition
TITLE NAME	FIELDS, LOLA B.	- Detect	4. 2 NAME		Change Abolion ;
STREET ADDRESS	6 CHRISTOPHER COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		4.4 CITY-ST-ZIP	}	
TITLE		DELETE	5.1 TITLE		Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	1	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Į	Change
NAME			6.2 NAME		
STREET ADDRESS			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 changes.

**FILED** 

Mar 17 1998 8:00am

Secretary of State