FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90186 006 ****61.25

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1. Corporation Name

FIRST BAPTIST CHURCH OF BUNNELL, FLORIDA, INC.

Principal Place of Business	Mailing Address
301 E. MOODY BLVD. BUNNELL FL	P.O. BOX 365 BUNNELL FL 32110-0365

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/19/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1883327 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLYFIELD, O. C. JR 4 WINCHESTER PLACE PALM COAST FL 32164	81 Name: KENNETH WHITE 82 Street Address (P.O. Box Number is Not Acceptable): 4675 County Road 305 83 84 City: BUNNELL FL 85 Zip Code: 32110

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: KENNETH WHITE — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: APRIL 5, 1999

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLYFIELD, O.C. JR 4 WINCHESTER PLACE PALM COAST FL	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TA JAMES WEST 1908 S. FLAGLER AVE. FLAGLER BEACH, FL 32136	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROGERS, BOB 16 KALVERTON CT PALM COAST FL 32137-5612	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T DON A. GAMMON 3320 NEW BLISS CIRCLE ORMOND BEACH, FL 32172	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHITE, KENNETH 4675 CO RD 305 BUNNELL FL 32110	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T LOYD CHARLES BEMBRY 323 COUNTY ROAD 302 BUNNELL, FL 32110	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FIELDS, LOLA B. 6 CHRISTOPHER COURT PALM COAST FL	XX 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		☐ Change ☐ Addition
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

CR2E037 (11/98)

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 REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — KENNETH WHITE — Date — (904) 437-6851 — Daytime Phone #