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FILED

Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N93000001841 (6)**

1. Corporation Name

WARDS CREEK BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**7730 COUNTY RD 13 N
ST AUGUSTINE FL 32092**

**7730 COUNTY RD 13 N
ST AUGUSTINE FL 32092**



3. Date Incorporated or Qualified

04/23/1993

4. FEI Number

59-1619084

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOLES, JOSEPH L JR.
120 CHARLOTTE ST
ST AUGUSTINE FL 32084**

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 **MC DONALD, JOHN**
STREET ADDRESS **510 20TH STREET, N BEACH**
CITY-ST-ZIP **ST AUGUSTINE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **REWIS, LEON**
1.3 STREET ADDRESS **ROUTE 3, BOX 1356X**
1.4 CITY-ST-ZIP **SATSUMA, FL 32189**

TITLE **VD** ☒ DELETE
NAME **FULLER, B. J**
STREET ADDRESS **5646 SR 16, SOT C**
CITY-ST-ZIP **ST AUGUSTINE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **MC DONALD, JOHN**
2.3 STREET ADDRESS **510 20TH STREET, N BEACH**
2.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32095**

TITLE **SD** ☐ DELETE
NAME **GRIZZARD, LIBBY**
STREET ADDRESS **5154 FARM CREEK RD**
CITY-ST-ZIP **ST AUGUSTINE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **GRIZZARD, BOB**
STREET ADDRESS **5154 FARM CREEK ROAD**
CITY-ST-ZIP **ST AUGUSTINE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 *Libby Grizzard* **LIBBY GRIZZARD** **4-21-98 904-829-3128**

CR2E037 (10/97)