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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N93000002132 (9)

1. Corporation Name

FREEDOM BAPTIST CHURCH, INC.

Principal Place of Business

1740 S. R. 207  
ST AUGUSTINE FL 32086  
US

Mailing Address

1740 STATE RD 207  
ST AUGUSTINE FL 32086

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

29

Country

30

Country

9. Name and Address of Current Registered Agent

HAYES, O C  
3180 OLD MOULTRIE ROAD  
ST AUGUSTINE FL 32086

61 Name

62 Street Address (P.O. Box Number Is Not Acceptable)

63

64 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GERMAN, BILLY R<br>1740 S.R. 208<br>ST AUGUSTINE FL              | <input type="checkbox"/> DELETE<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>D<br>ANKNEY, ROBERT<br>1740 S.R. 207<br>St. Augustine, FL 32086<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIKES, TILLMAN P<br>6 JOHN ST<br>ST AUGUSTINE FL 32095           | <input type="checkbox"/> DELETE<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>S<br>TIEMAN, BOBBIE N.<br>1080 Hibiscus Street<br>St. Augustine, FL 32095<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HICKS, CAROL<br>7336 LYNETTE LN<br>ST AUGUSTINE FL 32095         | <input checked="" type="checkbox"/> DELETE<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HOCUTT, JEAN<br>P O BOX 485 N/A<br>HASTINGS FL                   | <input checked="" type="checkbox"/> DELETE<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JONES, TERRELL<br>5095 DATIL PEPPER RD.<br>ST AUGUSTINE FL 32086 | <input type="checkbox"/> DELETE<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HAYES, O C<br>3180 OLD MOULTRIE ROAD<br>ST AUGUSTINE FL          | <input type="checkbox"/> DELETE<br>6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> 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: *O.C. Hayes*

1-8-98

904-823-2463



FILED  
Feb 24 1998 8:00am  
Secretary of State

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