

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90052 042 ****61.25

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DOCUMENT # N93000002132

1. Corporation Name

FREEDOM BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1740 S. R. 207
ST AUGUSTINE FL 32086
US

1740 STATE RD 207
ST AUGUSTINE FL 32086



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/06/1993

4. FEI Number

Applied For

22 City & State

27 City & State

59-3241042

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

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

HAYES, O C
3160 OLD MOULTRIE ROAD
ST AUGUSTINE FL 32086

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 ☐ DELETE
NAME **P**
STREET ADDRESS **GERMAN, BILLY R**
CITY-ST-ZIP **1740 S.R. 208**
ST AUGUSTINE FL 32084

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **S**
1.3 STREET ADDRESS **PERRY, JO ANNE**
1.4 CITY-ST-ZIP **3642 B Rosewood St**
St. Augustine, FL 32084

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SIKES, TILLMAN P**
CITY-ST-ZIP **6 JOHN ST**
ST AUGUSTINE FL 32095

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ANKNEY, ROBERT**
CITY-ST-ZIP **1740 SR 207**
ST AUGUSTINE FL 32086

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

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **TIEMAN, BOBBIE N**
CITY-ST-ZIP **1080 HIBISCUS ST**
ST AUGUSTINE FL 32095

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JONES, TERRELL**
CITY-ST-ZIP **5095 DATIL PEPPER RD.**
ST AUGUSTINE FL 32086

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

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **HAYES, O C**
CITY-ST-ZIP **3160 OLD MOULTRIE ROAD**
ST AUGUSTINE FL 32086

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, with all other like empowered.

SIGNATURE:

O C Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas

1-14-99

(904) 823-2463

Date

Daytime Phone #

CR2E037 (11/98)