## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

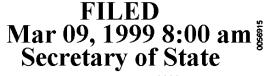
Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **N93000002709**1. Corporation Name

## COOPERATIVE BAPTIST FELLOWSHIP FOUNDATION OF FLO BIDA INC

filda, ino.				
Principal Place of Business	Mailing Address			
820 MCDONALD ST LAKELAND FL 33801 US	P O BOX 2556 LAKELAND FL 33801 US			
2. Principal Place of Business	2a. Mailing Address			

Suite, Apt. #, etc.



03-09-1999 90144 048 \*\*\*\*61.25

Applied For

3. Date Incorporated or Qualifed

06/17/1993

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	A	oplied For
22		27			59-3223420	N.	ot Applicable
City & State	е	City & State			5. Certificate of Status Desired	¥ +	Additional equired
Zip	Country	Zip	Country		6. Election Campaign Financing		May Be to Fees
24	25	29 30	)		Trust Fund Contribution		to reas
	9. Name and Address of Current	Registered Agent	04	N	10. Name and Address of New Regi	stered Agent	
			81	Name			
ANDERSO	N, PATRICK R		82	Street Addre	ess (P.O. Box Number is Not Acceptable	)	
817 LEXIN	GTON STREET						
LAKELAND	) FL 33801		83				į
			84	City .		FL 85 Zip	Code
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth ons of, Section 617.0503, Florida	a Statutes.	the corporation	oration submits this statement for the pur n's board of directors. I hereby accept th	pose of changing its e appointment as re	s registered egistered
	Signature, typed or printed name of registered agent		gistered Agen	t signature required	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
12.	OFFICERS AND	DELETE	1,1 TITLE		ADDITIONO/OFFERINGES TO STATE	Change	☐ Addition
TITLE	D D DATES OF B	L. Detere	1.2 NAME				
NAME	ANDERSON, PATRICK R						_
STREET ADDRESS	017 22541101011 0111021		1.3 STREET				
CITY-ST-ZIP	LAKELAND FL 33801	O OFFETE	1.4 CITY-S1	T-ZIP		☐ Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE			□ onango	
NAME	VAN HOOSE, JIM		2.2 NAME				Ì
STREET ADDRESS	121 CHRISTIE AVENUE		2.3 STREET	FADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232		2. 4 CITY-S	IT-ZIP		<u></u>	- Addition
TITLE	D	☐ DELETE	3.1 TITLE			Change	☐ Addition .
NAME	MARKS, ANNETTE		3.2 NAME	ļ			ļ
STREET ADDRESS	9153 BAY COVE LANE		3.3 STREET	TADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257		3.4. CITY-S	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	POWERS, DAVID		4, 2 NAME				
STREET ADDRESS	4001 89TH AVE N		4.3 STREET	TADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL		4.4 CITY-S	T-ZIP		·	
TITLE	D	☐ DELETE	5.1 TITLE			Change	Addition
NAME	DAY, HAYWOOD		5.2 NAME				
STREET ADDRESS	321 RUCKEL DR		5.3 STREET	TADDRESS			[
CITY-ST-ZIP	NICEVILLE FL		5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	T ADDRESS			
CITY-ST-7IP			6.4 CITY-S				
14. I hereby	certify that the information supplied with	this filing does not qualify for the	ne exempti	ion stated in S	ection 119.07(3)(i), Florida Statutes. I fu	rther certify that the	information

indicated on this annual report or supplies with sing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informat 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 Chapter 6, or on an attackment with an address, with all other like empowered.

SIGNATURE: