

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N93000005253**

1. Corporation Name

**AIRPORT BAPTIST CHURCH, INC.**

Principal Place of Business

4930 DRAINFIELD RD.  
LAKELAND FL 33811

Mailing Address

4930 DRAINFIELD RD.  
LAKELAND FL 33811

**FILED**  
**Jun 17, 1999 8:00 am**  
**Secretary of State**

06-17-1999 90008 005 \*\*\*\*61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 7686		11/22/1993	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Lakeland FL		59-3221337	
24 Country		29 33807		30	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		32		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

HERRINGTON, PRESTON L  
4930 DRAINFIELD RD.  
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	P	1.1 TITLE	D
NAME	HERRINGTON, PRESTON L	1.2 NAME	Samuel Stover
STREET ADDRESS	4930 DRAINFIELD RD.	1.3 STREET ADDRESS	4815 S. Phippin Rd
CITY-ST-ZIP	LAKELAND FL 33811	1.4 CITY-ST-ZIP	Lakeland FL 33811
TITLE	VP	2.1 TITLE	D
NAME	FELDMAN, RONALD	2.2 NAME	Katherine Quick
STREET ADDRESS	4930 DRAINFIELD RD.	2.3 STREET ADDRESS	615 Lakehurst St
CITY-ST-ZIP	LAKELAND FL 33811	2.4 CITY-ST-ZIP	Lakeland FL 33805
TITLE	A	3.1 TITLE	D
NAME	SHEARIN, VERA J	3.2 NAME	Mirrie Golden
STREET ADDRESS	4930 DRAINFIELD RD.	3.3 STREET ADDRESS	615 Lakehurst St
CITY-ST-ZIP	LAKELAND FL 33811	3.4 CITY-ST-ZIP	Lakeland FL 33805
TITLE	T/S	4.1 TITLE	
NAME	HERRINGTON, ANGELA J	4.2 NAME	
STREET ADDRESS	4930 DRAINFIELD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33811	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	RAMSEY, JANE	5.2 NAME	
STREET ADDRESS	4930 DRAINFIELD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33811	5.4 CITY-ST-ZIP	
TITLE	V. Pres	6.1 TITLE	
NAME	O'ROURKE, DOROTHY	6.2 NAME	
STREET ADDRESS	4930 DRAINFIELD RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33811	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: *[Signature]* SIGNATURE REQUIRED: *[Signature]* 7-8-99 641/6034693