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98 FEB 10 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000005812 (3)
1. Corporation Name
FIRST BAPTIST CHURCH OF EUSTIS, INC.

Principal Place of Business: **3551 E ORANGE AVE EUSTIS FL 32726 US**
Mailing Address: **P.O. BOX 129 EUSTIS FL 32726**

3. Date Incorporated or Qualified: **12/20/1993**

4. FEI Number: **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 (21-24) and Mailing Address (2a-30) fields.

9. Name and Address of Current Registered Agent: **ROBERTS, DON 9205 SILVER LAKE DR LEESBURG FL 34788**

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAILEY, BERLE N	
STREET ADDRESS	645 OLENNDER ST	
CITY-ST-ZIP	MT.DORA FL 32757	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAMROCK, KEITH	
STREET ADDRESS	37112 C.R. 452	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, BERLE N	
STREET ADDRESS	40228 BABB RD	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAYS, D ALAN	
STREET ADDRESS	719 SUMMIT ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOREFIELD, RON L.	
STREET ADDRESS	1942 COUNTRY CLUB RD	
CITY-ST-ZIP	EUSTIS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERTS, DON	
STREET ADDRESS	9205 SILVERLAKE DR	
CITY-ST-ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Woodruff, Scott	
1.3 STREET ADDRESS	1838 Lake Terrace Dr.	
1.4 CITY-ST-ZIP	EUSTIS, FL 32726	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	500002433185--7	
2.4 CITY-ST-ZIP	-02/17/98--01080--021	
3.1 TITLE	*****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 recolver 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: _____

CR2E037 (10/97)