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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N94000001690

1. Corporation Name

FIRST BAPTIST CHURCH OF MONTVERDE, INC.

Principal Place of Business

Mailing Address

17409 8TH ST
 P O BOX 560134
 MONTVERDE FL 34756
 US

FIRST BAPTIST CHURCH
 P O BOX 560134
 MONTVERDE FL 34756
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 17409 8th Street

26

04/06/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 59-3241149

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 Zip Country

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

~~THURBER, GERALD
 17428 9TH ST.
 MONTVERDE FL 34756~~

81 Name
 Robert H. Anderson

82 Street Address (P.O. Box Number is Not Acceptable)
 17718 9th Street

83
 Montverde, FL 34756-0407

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 *Robert H. Anderson*
 Signature, typed or printed name of registered agent and title if applicable.

January 6, 1999
 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME THURBER, GERALD
 STREET ADDRESS 14725 9TH STREET
 CITY-ST-ZIP MONTVERDE FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME FLYN, VIOLA
 STREET ADDRESS 16820 HIGHLAND W
 CITY-ST-ZIP MONTVERDE FL

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

TITLE DELETE
 NAME ANDERSON, ROBERT H
 STREET ADDRESS 17718 9TH STREET
 CITY-ST-ZIP MONTVERDE FL 34756

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME Jose Gonzales
 4.3 STREET ADDRESS 17404 Third Street
 4.4 CITY-ST-ZIP Montverde, FL 34756

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Robert H. Anderson* SIGNATURE REQUIRED Robert H. Anderson

Jan. 6, 1999
 Daytime Phone #

CR2E037 (1/198)