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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90028 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000002550					
1. Corporation Name FIRST BAPTIST CHURCH OF MEXICO BEACH, FLORIDA, INC.					
Principal Place of Business 823N 15TH ST MEXICO BEACH FL			Mailing Address P.O. BOX 13691 MEXICO BEACH FL 32410 US		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/09/1994 4. FEI Number 59-3245806 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent LYNN, LOUIS 204 LOUISIANA DR MEXICO BEACH FL 32410				10. Name and Address of New Registered Agent 81 Name <u>Thompson David</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>200 7TH ST</u> 83 84 City <u>Mexico Beach</u> FL 85 Zip Code <u>32410</u>			
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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: David Thompson Chairman of Deacons DATE: 5 APR 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>Chairman of Deacons</u> ☐ DELETE NAME <u>THOMPSON, DAVID</u> STREET ADDRESS <u>200 7TH ST</u> CITY-ST-ZIP <u>MEXICO BEACH FL 32410</u>	1.1 TITLE <u>Deacon</u> ☐ Change ☒ Addition 1.2 NAME <u>Bennett, Oris</u> 1.3 STREET ADDRESS <u>207 4TH ST</u> 1.4 CITY-ST-ZIP <u>MEXICO BEACH, FL 32410</u>	TITLE <u>Deacon</u> ☐ DELETE NAME <u>LYNN, LOUIS</u> STREET ADDRESS <u>204 LOUISIANA DR.</u> CITY-ST-ZIP <u>MEXICO BEACH FL 32410</u>	2.1 TITLE <u>Deacon</u> ☐ Change ☒ Addition 2.2 NAME <u>Moore, Jim</u> 2.3 STREET ADDRESS <u>Big Gator Ark Lot #11</u> 2.4 CITY-ST-ZIP <u>MEXICO BEACH FL 32410</u>
TITLE <u>Deacon</u> ☐ DELETE NAME <u>SASSER, LESLIE</u> STREET ADDRESS <u>600 HWY 98</u> CITY-ST-ZIP <u>MEXICO BEACH FL 32410</u>	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE <u>Deacon</u> ☒ DELETE NAME <u>HARDY, RAYMOND</u> STREET ADDRESS <u>3461 CO RD 386</u> CITY-ST-ZIP <u>PORT ST. JOE FL 32456</u>	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <u>Deacon</u> ☒ DELETE NAME <u>JONES, CECIL (BUD)</u> STREET ADDRESS <u>316 WYSONG AVE.</u> CITY-ST-ZIP <u>MEXICO BEACH FL 32410</u>	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TITLE <u>Deacon</u> ☐ DELETE NAME <u>ROLAND, CLARENCE</u> STREET ADDRESS <u>690 N CANAL DR</u> CITY-ST-ZIP <u>OVERSTREET FL 32456</u>	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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 APR 99

(850) 648-5337

CR2E037 (1/98)