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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N94000004058 (3)

FIRST BAPTIST CHURCH BAYONET POINT INC.

FILED Apr 30 1997 8:00am Secretary of State

rinoi	DALIST CHONON DATON							
Principal Place	e of Business	Mailing Address				if fänitimt min tatt mett bast mett matt matt		. Dilan 1811 (88)
P.O. BOX 7171 BAYONET POI		P.O. BOX 7171 BAYONET POINT FL 34674-7171						
					,	3. Date incorporated or Qualified 08/15/1994	Date of Last R 05/01/18	eport 796
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number .59-3258389	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	F			5. Certificate of Status Desired		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	Zip Cour			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registe	ored Agent	
			•	61	Name			
CORNWELL, RYAN L 16234 TOMAHAWK STREET				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	N FL 34667			83				
	_			84	City		FL 85 Zip	Code
11. Pursuant office or nagent. La	to the provisions of Sections 617.050 egistered agent or both, in the State milamiliar with, und accept the oblig	02 and 617.1508, Florida Statu e of Florida. Such change was pations of Section 617.0503, F	ites, the a authorize lorida Sta	bove d by tutes	e-named corp the corpora s	poration submits this statement for the purportion's board of directors. I hereby accept the	se of changing is appointment as	registered registered
SIGNATURE	Signature, yiped or printed warre of registered ag	ant and title if engineable (NO	TF Registers	d And	ant elonative requi	elred when reinstating)	ATE 77	
12.		ID DIRECTORS	13.	u Age	ark eignatore redo	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	T	☐ DELETE			-		Change	Addition
NAME	CORNWELL, RYAN L	CORNWELL, RYAN L		1.2 NAME				
STREET ADDRESS	16234 TOMAHAWK ST.		1.3 S	1.3 STREET ADDRESS				-
CITY - ST - ZIP	HUDSON FL			ITY-S	T-ZIP			
TITLE	D			ITLE			Change	Addition
NAME	HILDIEBRANDT, MICHAEL		221					
STREET ADDRESS	7708 SYLVAN DR.				ADDRESS			
CHY-ST-ZIP	HUDSON FL				ST-ZIP		T Observe	1 1 1 1 1 1 1 1
TITLE	•		3.1 T				Change	☐ Addition
NAME	BECK, CLIFFORD 16488 TOMAHAWK ST.		3.2 N					}
STREET ADDRESS	HUDSON FL				ADDRESS			
CITY-ST-ZIP TITLE	1144441114			JITLE	ST-ZIP		Change	Addition
NAME			l l	NAME				
STREET ADDRESS					ADDRESS			
CITY - S1 - ZIP					ST-ZIP			
TITLE		☐ DELETE	5.1 T				☐ Change	Addition
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 S	TREET	ADDRESS			
C(TY+ST+ZIP			5.4 0	my-s	ST - ZIP			
THTLE		☐ DELETE	6.1 T	ITLE			Change	Addition
NAME			6.2 N	AME	. [
STREET ADDRESS			6.3 S	TREET	ADDRESS			
CITY - ST - ZIP					ST-ZIP			
 14. I do herel informatio 	by certify that the information supplic on indicated on this appual report or	ed with this filing does not qua suppliemental annual report is	lify for the true and	acci	emption state urate and tha	ed in Section 119.07(3)(i), Florida Statutes. I f at my signature shall have the same legal effo	urther certify that ect as if made un	the ider oath; that

4. I do hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual report or suppliemental 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 free corporation or the region of the the re

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ATURE NO TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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