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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N94000004210

1. Corporation Name
FAITH BAPTIST CHURCH OF MADISON, FL INC.

Principal Place of Business	Mailing Address
1505 E BASE ST MADISON FL 32340	1505 E BASE ST MADISON FL 32340

2. Principal Place of Business — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip — Country

3. Date Incorporated or Qualified
08/23/1994

4. FEI Number
59-2282191
☐ Applied For
☐ 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

9. Name and Address of Current Registered Agent

MABRY, BEN
405 SE RUTLEDGE ST
MADISON FL 32340

10. Name and Address of New Registered Agent

81 Name: Paul A. Tolar
82 Street Address (P.O. Box Number is Not Acceptable): Route 4, Box 1940
83: Madison, FL 32340
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: Paul A Tolar — DATE: 6 July 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	☒ DELETE	1.1 TITLE	V-President	D	☐ Change ☒ Addition
NAME	PAUL A TOLAR		1.2 NAME	MADGE WALLER		
STREET ADDRESS	RT 4 BOX 1940		1.3 STREET ADDRESS	Rt 5 Box 6596		
CITY-ST-ZIP	MADISON FL 32340		1.4 CITY-ST-ZIP	MADISON, FL 32340		
TITLE	T	☒ DELETE	2.1 TITLE	S/T	D	☐ Change ☒ Addition
NAME	LEROY BUCHANNAN		2.2 NAME	VERCIE T. CASON		
STREET ADDRESS	1505 E BASE ST		2.3 STREET ADDRESS	Rt 4 Box 870		
CITY-ST-ZIP	MADISON FL 32340		2.4 CITY-ST-ZIP	Madison, FL 32340		
TITLE	T	☒ DELETE	3.1 TITLE	President	D	☐ Change ☒ Addition
NAME	MABRY, CINDY		3.2 NAME	Paul A. Tolar		
STREET ADDRESS	1505 E BASE ST		3.3 STREET ADDRESS	Route 4, Box 1940		
CITY-ST-ZIP	MADISON FL 32340		3.4 CITY-ST-ZIP	Madison, FL 32340		
TITLE	T	☒ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	HART, JOE		4.2 NAME			
STREET ADDRESS	1505 E BASE ST		4.3 STREET ADDRESS			
CITY-ST-ZIP	MADISON FL 32340		4.4 CITY-ST-ZIP			
TITLE	T	☒ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	NEWBERN, ENOCH		5.2 NAME			
STREET ADDRESS	1505 E BASE ST		5.3 STREET ADDRESS			
CITY-ST-ZIP	MADISON FL 32340		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E037 (5/99)

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: Paul A Tolar — DATE: 6 July '99 — 850-973-6914
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Daytime Phone #

REQUIRED