

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90032 015 ****61.25

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DOCUMENT # N94000006359

1. Corporation Name

FIRST BAPTIST CHURCH OF WASHINGTON PARK, INC.

Principal Place of Business

411 GREEN STREET
WASHINGTON PARK
MOORE HAVEN FL 33471
US

Mailing Address

POST OFFICE BOX 245
MOORE HAVEN FL 33471
US

1 5 3 2 2 8 9 0 0 3 2 0 1 5 * * * * 6 1 . 2 5



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

12/29/1994

4. FEI Number

65-0127832

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

WATKINS, JOHN J ESQ.
150 S. MAIN ST.
LABELLE FL

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMMON, ELIJAH	
STREET ADDRESS	747 LEE ST. 273 Huggins Ave N.W.	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAYNES, JAMES	
STREET ADDRESS	314 OAK ST.	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	THOMAS, WILLIE JEAN	
STREET ADDRESS	520 ELMWOOD AVE.	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANG, ULYSSES	
STREET ADDRESS	522 ELMWOOD AVE.	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDRICKS, NANCY	
STREET ADDRESS	933 CANAL AVE.	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, CLARENCE	deceased
STREET ADDRESS	785 AVE. "B"	
CITY-ST-ZIP	MOORE HAVEN FL 33471	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ellis Darlene
6.3 STREET ADDRESS	210 10th Street
6.4 CITY-ST-ZIP	MOORE HAVEN, FL 33471

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 or both, as changed, on an attachment with an address, with all other like empowered.

SIGNATURE: **Key Eljah Cammon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-99 1-946-946 3174

CR2E037 (11/98)