## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 26 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1000				j		
DOCUI	MENT # N950	00001089 (0	))				
1	KSVILLE BAPTIST CHURC	CH. INC.	•				
	NOTICE DAI NOT OFFICE	71) 110.			) (CATALON PAR IERRA CANAL REPAIR ACAN R	ANTO BRATON ARTORN HAND BRATA	
Principal Place	e of Business	Mailing Address				DAN OBAK ODAN INDI DENDI	
991 W. JEFFERSON ST. P.O. BOX 10886 BROOKSVILLE FL 34801					3. Date Incorporated or Qualified 03/07/1995		
US					4. FEI Number	A	pplied For
		· · · · · · · · · · · · · · · · · · ·			59-3309869		ot Applicable
2. Principal Place of Business 26		2a. Mailing Address	<del>-</del> 1		5. Certificate of Status Desired	T-11-	Additional equired
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00	
27			<u>.</u>		Trust Fund Contribution	Added t	o Fees
City & State	е	City & State			7. Is this nonprofit corporation a hor	meowners associatio I Yes □ No	on?
Zip	Country	Zip	Country		B. This corporation owes or has paid		tangible
24	26	29	30		Personal Property Tax due June		□ No
	9, Name and Address of Curr	ent Hegistered Agent	81	Name	10. Name and Address of New Reg	Jistered Agent	
KELLER	I, JOHN M		82	Street Ade	lress (P.O. Box Number Is Not Acceptable	lo)	<del></del>
101 S MAIN STREET				Sileet Add	iless (F.O. Box Indiribe) is Indi Acceptable		
BROOKSVILLE FL 34601			83				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statu	utes, the above-	named cor	poration submits this statement for the pu	urgose of changing i	ts registered
office or r	registered agent, or both, in the Sta im familiar with, and accept the ob-	ite of Florida. Such change was ligations of, Section 617.0503, F	authorized by t Torida Statutes.	he corpore	ation's board of directors. I hereby accept	t the appointment as	registered
SIGNATURE							
12.	Signature, typed or printed name of registered  OFFICERS A	egent and title if applicable. (NO ND DIRECTORS	TE: Registered Agent	signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	2S IN 12
TITLE	<b>D/</b> T	DELETE	1.1 TITLE		, complete place to divide	☐ Change	Addition
NAME	**************************************		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY+ST-ZIP	BROOKSVILLE FL 34601	DELETE	1.4 C/TY - ST -	ZIP		Change	☐ Addition
TITLE NAME	DT Wheeler, Norwood	C) nerest	2.1 TITLE 2.2 NAME			C. Criange	LLJ AQUIDON
STREET ADDRESS	12517 HARPER ST.		2.3 STREET A	DOMESS			
CITY-ST-ZIP	SPRING HILL FL		2. 4 CITY-ST				
TITLE	P/D	DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	WHEELER, CHRISTOPHER	D.	3.2 NAME				
STREET ADDRESS CITY-ST-ZIP	12465 ONEIDA ST. BROOKSVILLE FL		3.3 STREET AL 3.4. CITY - ST-				
TITLE	Will will be the second of the	☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - ST -	ZIP		Change	Addition
TITLE NAME		☐ btreit	5.1 TITLE 5.2 NAME			Emi Granific	
STREET ADDRESS			5.3 STREET A	DORESS			
CITY-\$T-ZIP			5.4 CITY-ST-				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A		•		

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)(1). 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 of 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 charged, or on an attachment with an address.

IGNATURE. (Whittiation D. W. Mode) & Christopher D. Wheeke 5/11/98 352 688 566