FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

COCOA FL 32922



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # N95000001952 (9)

INDIAN RIVER MISSION BOARD OF FREE WILL BAPTIST. INC.

Principal Place of Business Mailing Address				- I CONTRACTOR DIN ENTER NOTICE DESIGN AND CONTRACT SOURCE CAND TOURS PROTOCOLOR			
1220 HENDRY AVE. COCOA FL 32922	1220 HENDRY AVE. COCOA FL 32922			3. Date Incorporated or Qualified 04/20/1995	· · · · · · · · · · · · · · · · · · ·		
			ĺ	4. FEI Number	Applied F		
				59-2889813	Not Applie		
2. Principal Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Addition Fee Required		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State	City & State	-		7. Is this nonprofit corporation a homeowners association?			
Zip Coun 24 25	29	Country 30		 This corporation owes or has paid the cu Personal Property Tax due June 30. 	urrent year Intangible		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	<u> </u>	81	Name				
CHRISTIAN, JAMES		82	Street Address	s (P.O. Box Number is Not Acceptable)			

FILED Feb 03 1998 8:00am Secretary of State

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Applied For Not Applicable \$8.75 Additional

85 Zip Code

					FL }		
11. Pursuant office or r	to the provisions of Sections 617.0502 and 61 registered agent, or both, in the State of Florid im familiar with, and accept the obligations of	7.1508, Florida Statute la. Such change was a	es, the above-named cor outhorized by the corpora	poration submits this statement fation's board of directors. I hereb	or the purpose of changing in y accept the appointment as	ts registered registered	
agent. 1 a	m familiar with, and accept the obligations of,	Section 617,0503, Flo	rida Statutes.	i	, , , , ,	.*	
SIGNATURE.			-				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 12. OFFICERS AND DIRECTORS			Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D OT TOZHO HAZ DIALE	DELETE	1.1 TITLE	ADDITIONO DI IANGEO TO	Change	Addition	
NAME	CHARLES, CHARLIE	LT DESCIE	1.2 NAME		C. Change	- Marrani	
STREET ADDRESS	201 KEYSTONE RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	AUBURNDALE FL						
TITLE	STD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition	
NAME	CHRISTIAN, JAMES L	OCCCIL	2.1 VILLE 2.2 NAME		C Onlings	Addition	
1	1502 CAMBRIDGE DR		3				
STREET ADDRESS	COCOA FL		2.3 STREET ADORESS				
CITY-ST-ZIP	D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition	
NAME	MAYNARD, EDWARD		3.2 NAME		CT Origings	L. Addition	
STREET ADDRESS	5829 VERMONT ST.		3.3 STREET ADDRESS				
1	SCOTTSMMOR FL						
CITY-ST-ZIP	SCOTTSMIMOR PL	DELETE	3.4. CITY-ST-ZIP		Change	Addition	
NAME			4.2 NAME		□ cuange		
[I						
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-\$T-ZIP		DELETE	4.4 CITY-ST-ZIP		Change	Addition	
TITLE		☐ persis	5.1 TITLE		L_1 Unange	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		· Donar	5.4 CITY - ST - ZIP		[7] 01	Lure	
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				

84 City

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.

JAMES GICHAS