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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002613

1. Corporation Name

MORELAND PARK BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

3844 COUNTRY ROAD 230
WILDWOOD FL 34785
US

3844 COUNTRY ROAD 230
WILDWOOD FL 34785
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/30/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3340152	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CLARK, RICHARD J
3844 COUNTRY ROAD 230
WILDWOOD FL 34784

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	CLARK, RICHARD J	1.2 NAME	Barbara White
STREET ADDRESS	3844 COUNTRY ROAD 230	1.3 STREET ADDRESS	110 Palm Way
CITY-ST-ZIP	WILDWOOD FL 34785	1.4 CITY-ST-ZIP	TAVARES FL 32778
TITLE	VD	2.1 TITLE	VD
NAME	SCRITCHFIELD, TERRY	2.2 NAME	Rheba Martinez
STREET ADDRESS	13845 SE 170TH ST	2.3 STREET ADDRESS	3510 CR 230
CITY-ST-ZIP	WEIRSDALE FL	2.4 CITY-ST-ZIP	WILDWOOD FL 34785
TITLE	VD	3.1 TITLE	
NAME	MCLEMORE, VERNON	3.2 NAME	
STREET ADDRESS	4176 COUNTY ROAD 130	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	CLARK, BETTY	4.2 NAME	
STREET ADDRESS	3754 CR 230A	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	BUSH, SHIRLEY	5.2 NAME	
STREET ADDRESS	3510 CR 230C	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	FORT, ALTON O	6.2 NAME	
STREET ADDRESS	POST OFFICE BOX 68	6.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL 34484	6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard J. Clark Richard Clark 1/5/99 (352) 748-8880

CR2E037 (11/98)