

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002681 (3)**

1. Corporation Name

MAYO BAPTIST CHURCH, INC.



Principal Place of Business P.O. BOX 87 MAYO FL 32066	Mailing Address P.O. BOX 87 MAYO FL 32066
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3. Date Incorporated or Qualified
06/08/1995

4. FEI Number
59-2347952

Applied For
Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☐ Yes ☒ No

9. Name and Address of Current Registered Agent MCCRAY, MARY ANNE CORNER OF LAURA AND CLYDE STREETS MAYO FL 32066	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WITT, JAMES E	1.2 NAME	
STREET ADDRESS	RT 3 BOX 781	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HART, WILLIAM F	2.2 NAME	
STREET ADDRESS	RT 3 BOX 72	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KOON, EDWARD	3.2 NAME	
STREET ADDRESS	P.O. BOX 786 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCRAY, MARY ANNE	4.2 NAME	
STREET ADDRESS	P.O. BOX 234 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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.

SIGNATURE:

Mary Anne McCray

4/30/98 (904) 294-2880

CR2E037 (10/97)