

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90124 039 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # N95000002951

1. Corporation Name

DARLINGTON OAK GROVE BAPTIST CHURCH, INCORPORATE
D

Principal Place of Business
1717 OAK GROVE ROAD
WESTVILLE FL 32464
US

Mailing Address
1717 OAK GROVE ROAD
WESTVILLE FL 32464
US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/21/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2093642 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution □ \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent GILLMAN, FRED 2914 COOK ROAD WESTVILLE FL 32464		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: *Fred Gillman*

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

(NOTE: Registered Agent signature is required when reinstating.)

5/9/99

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, STEVE		1.2 NAME	
STREET ADDRESS	191 OAK GROVE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTVILLE FL		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLMAN, FRED		2.2 NAME	
STREET ADDRESS	2914 COOK RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTVILLE FL		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, H. B		3.2 NAME	
STREET ADDRESS	1917 CO. HWY. 182 S		3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUFFIE, DANNY W.		4.2 NAME	
STREET ADDRESS	RE 2 BOX 49		4.3 STREET ADDRESS	
CITY-ST-ZIP	SAMSON AL		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, DALE D		5.2 NAME	
STREET ADDRESS	871 MIMS RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.

SIGNATURE: *DALE D. HOLLOWAY*
Signature and Type or Print Name of Signing Officer or Director
Fred Gillman

5/9/99 850-859-2801

Date Daytime Phone #

CR2E037 (11/98)