

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

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

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		06/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2093642	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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 617.05(2) 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 if and only if applicable.

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

5/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	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	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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, H. B	3.2 NAME	
STREET ADDRESS	1917 CO. HWY. 183 S	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D	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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, DALE D	5.2 NAME	
STREET ADDRESS	671 MIMS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Fred Gillman*  
 Signature

5/9/99

850-859-2801

CR2E037 (11/98)