

FILE NOW: FILING FEE IS \$61.25

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**Feb 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005157 (1)
 1. Corporation Name
TOWN AND COUNTRY BAPTIST CHURCH, INC.



Principal Place of Business 13695 NORTH U.S. 441 CITRA FL 32113	Mailing Address 13695 NORTH U.S. 441 CITRA FL 32113
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3. Date Incorporated or Qualified 11/01/1995		
4. FEI Number 59-3343671	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**PARKER, ELLIS E
13695 NORTH U.S. 441
CITRA FL 32113**

10. Name and Address of New Registered Agent

81 Name BEATY DAVID A	
82 Street Address (P.O. Box Number is Not Acceptable) 13695 NORTH US 441	
83 City CITRA	
84 State FL	85 Zip Code 32113

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 **DAVID A BEATY** *David A Beaty* **01/16/98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PT	<input checked="" type="checkbox"/> DELETE
NAME PARKER, ELLIS E	
STREET ADDRESS 13695 NORTH U.S. 441	
CITY - ST - ZIP CITRA FL 32113	
TITLE VT	<input type="checkbox"/> DELETE
NAME WILSON, WOODROW	
STREET ADDRESS P.O. BOX 75	<i>NA</i>
CITY - ST - ZIP SPAR FL 32192	
TITLE T	<input type="checkbox"/> DELETE
NAME WILSON, ETHEL R	
STREET ADDRESS P.O. BOX 75	<i>NA</i>
CITY - ST - ZIP SPAR FL 32192	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME PARKER, JO ANN	
STREET ADDRESS 13695 NORTH U.S. 441	
CITY - ST - ZIP CITRA FL 32113	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY - ST - ZIP 	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY - ST - ZIP 	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME BEATY, DAVID A	
1.3 STREET ADDRESS 13695 NORTH US 441	
1.4 CITY - ST - ZIP CITRA FL 32113	
2.1 TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 	
2.3 STREET ADDRESS 	
2.4 CITY - ST - ZIP 	
3.1 TITLE 400002427454	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME -02/11/98--01019--006	
3.3 STREET ADDRESS ***61.25	
3.4 CITY - ST - ZIP 	
4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME BEATY, BARBARA	
4.3 STREET ADDRESS 13695 NORTH US 441	
4.4 CITY - ST - ZIP CITRA FL 32113	
5.1 TITLE CLERK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME EASTERWOOD, LORRAINE A	
5.3 STREET ADDRESS 18500 NW 20th AVE	<i>85 2/11/98</i>
5.4 CITY - ST - ZIP ORANGE LAKE, FL 32681	
6.1 TITLE TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME EASTERWOOD, BOB J	
6.3 STREET ADDRESS 18500 NW 20th AVE	
6.4 CITY - ST - ZIP ORANGE LAKE, FL 32681	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *David A Beaty* **1/16/98** **852**

CR2E037 (10/97)