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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N95000005157

1. Corporation Name
TOWN AND COUNTRY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
13695 NORTH U.S. 441 CITRA FL 32113	13695 NORTH U.S. 441 CITRA FL 32113

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 Town & Country Baptist Church INC.	11/01/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 130	4. FEI Number 59-3343671 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 ANTHONY, FL.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 32617 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEATY, DAVID A 13695 NORTH U.S. 441 CITRA FL 32113	EASTERWOOD, Bobby J. 18500 NW 20th Avenue Orange Lake, Fl 32681
	81 Name: Bobby J. EASTERWOOD
	82 Street Address (P.O. Box Number is Not Acceptable): 18500 NW 20th Avenue
	83 City: Orange Lake, 84 FL 85 Zip Code: 32681

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: Bobby J. Easterwood DATE: 3-15-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BEATY, DAVID A 13695 NORTH US 441 CITRA FL 32113	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President EASTERWOOD, Bob J 18500 NW 20th AVE ORANGE LAKE, FLORIDA 32681 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VIT WILSON, WOODROW P.O. BOX 75 N/A SPAR FL 32192	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President, Trustee OVERFELT, VIRGIL NE Jacksonville Rd ANTHONY, FL 32617 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILSON, ETHEL R P.O BOX 75 N/A SPAR FL 32192	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEATY, BARBARA 13695 NORTH US 441 CITRA FL 32113	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary Lorraine A Easterwood 18500 NW 20th ave Orange Lake, Florida 32681 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C EASTERWOOD, LORRAINE A 18500 NW 20TH AVE ORANGE LAKE FL 32681	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EASTERWOOD, BOB J 18500 NW 20TH AVE ORANGE LAKE FL 32681	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SAME ☐ Change ☐ Addition

CR2E037 (11/98)

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: Lorraine A Easterwood 1-29-99 352 595-0845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #