

FILE NOW: FILING FEE IS \$61.25

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Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90029 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005537**

1. Corporation Name

FIRST BAPTIST CHURCH OF ALTURAS, INC.

Principal Place of Business

7690 POINSETTA AVENUE
ALTURAS FL 33820
US

Mailing Address

P. O. BOX 38 N/A
ALTURAS FL 33820
US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/20/1995
22	City & State	City & State	4. FEI Number
	Zip	Zip	59-3389858
23	Country	Country	Applied For
			Not Applicable
24			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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIELSCHER, EVELYN
3RD STREET AND OAK DRIVE
ALTURAS FL 33820

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWELL, ELON	1.2 NAME	
STREET ADDRESS	1010 STAR LAKE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTURAS FL	1.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIELSCHER, CARL	2.2 NAME	
STREET ADDRESS	2555 OAK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTURAS FL	2.4 CITY-ST-ZIP	
TITLE	STT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOBL, TED	3.2 NAME	
STREET ADDRESS	8395 ALTURAS RD., SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTURAS FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIELSCHER, RAYMURL	4.2 NAME	
STREET ADDRESS	2555 OAK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTURAS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Raymurl Hielscher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

(94) 537-1263
Daytime Phone #

CR2E037 (1/98)