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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N96000002361**

1. Corporation Name
CANDLER UNITED BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
10461 SE MARICAMP ROAD CANDLER FL 32111	POST OFFICE BOX 151 CANDLER FL 32111

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/29/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3280734 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TAYLOR, EDWARD
15210 SE 104TH CT.
SUMMERFIELD FL 34491

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 _____ DATE
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	D	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	KEEN, HERSHEL		1.2 NAME	ESTILL SULFRIDGE	
STREET ADDRESS	7110 NE FT. KING PL.		1.3 STREET ADDRESS	4900 S.E. 102nd PL. LOT A	
CITY-ST-ZIP	OCALA FL 34470		1.4 CITY-ST-ZIP	BELLEVIEW, FL. 34420	
TITLE	TT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, ED		2.2 NAME		
STREET ADDRESS	15210 SE 104TH CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL 34491		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, JAMES		3.2 NAME		
STREET ADDRESS	545 SILVER COURSE TERR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472		3.4 CITY-ST-ZIP		
TITLE	TTEE	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, HUBERT		4.2 NAME		
STREET ADDRESS	11911 SE 95TH TERR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: JAMES SIGNATURE REQUIRED James Wilson 3-2-99 687-2637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #