FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9600003638

FIRST BAPTIST CHURCH OF ARCHER, FLORIDA, INC.

Principal Place of Business

Mailing Address

FILED Feb 22, 1999 8:00 am secretary of State

02-22-1999 90150 002 ****61.25



CORNER OF CHURCH AND OAK STREETS P.O. BOX 248 ARCHER FL 32618 CORNER OF CHURCH AND OAK P.O. BOX 248 ARCHER FL 32618 ARCHER FL 32618				ETS				
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 07/09/1996			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2001884			olied For Applicable
City & State	е	City & State			5. Certifcate of Status Desired		\$8.75 A	dditional
Zip	Country Zip Co 25 29 30				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
24	9. Name and Address of Curre		30,		10. Name and Address of New F	Registered	Agent	
			81	Name				
ASBELL, LAMAR SR. 18908 S.W. 186TH STREET				Street Ac	ddress (P.O. Box Number is Not Accepta	able)		
			83					
ARCHER I	FL 32010		84	City		FI	85 Zip (Code
-46	registered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	e of Florida. Such change was au ations of, Section 617.0503, Flori	ida Statutes		orporation submits this statement for the ation's board of directors. I hereby acception of the directors of	ot the appoi	ntment as re	gistered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	T	DELETE	1.1 TITLE				Change	Addition
NAME	ASBELL, LAMAR D		1.2 NAME					
STREET ADDRESS	5.0. 50V 040 NIA		1.3 STREE	TADDRESS				
CITY-ST-ZIP	ARCHER FL 32618		1,4 CITY-S	T-ZIP				
TITLE	T	Z DELETE	2.1 TITLE		T		Change	Addition
NAME	HELPLING, FRANCES		2.2 NAME		Leroy Morris POBdx 191 Archer, Fl 32618			
STREET ADDRESS	142085 SW ARCHER ROAD		2.3 STREE	TADORESS .	POB dx 191	·		
CITY-ST-ZIP	ARCHER FL 32618		2. 4 CITY-1	ST-ZIP	Archer F1 32618			
TITLE			3.1 TITLE	ĺ		_	☐ Change	☐ Addition
NAME	BROCKMAN, JOSEPH		3.2 NAME	İ		î		
STREET ADDRESS	11808 SW 156TH ST.		3.3 STREE	T ADDRESS			-	
CITY-ST-ZIP	ARCHER FL 32618 3.4.		3.4. CITY-	ST-ZIP		_		
TITLE	T	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	HODGES, IRA J JR		4.2 NAME	}				ļ
STREET ADDRESS	4400 11 114114 115		4.3 STREE	TADDRESS				
CITY-ST-ZIP	ARCHER FL 32618		4.4 CITY-5	T-ZIP				
TITLE	T	☐ DELETE	5.1 TITLE				Change	Addition
NAME	SMITH, POLLY A		5.2 NAME					{
STREET ADDRESS	14509 SW 118TH AVE.		1	TADORESS				ļ
CITY-ST-ZIP	ARCHER FL 32618		5.4 CITY-5	T-ZIP		_		The same
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-7IP			6.4 CITY-5	T-ZIP				

14. 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: Lang 19 NASTURE REQUIRED COLLEGE OF DIRECTOR