SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9700001336 (3)

## **FILED** Jul 16 1998 8:00am Secretary of State

1. Corporation	II IAMINA	•	•					
SOUTH	WALTON BAPTIST CH	URCH, INC.						
Principal Place	e of Business	Malling Address				-   1901/1401 816 18171 18817 88111 98111 98	iii <b>70</b> 111 <b>30</b> 101 81 <b>000</b>	(A)
24295 U.S. HWY. \$31 SOUTH POST OFFICE BOX 1709 SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32						Date Incorporated or Qualified     03/05/1997		
						4. FEI Number 59-3417697		Applied For Not Applicable
2. Principal Place of Business		} <sub>1</sub>	2a. Malling Address			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Sulte, Apt. #, elc.			Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.	00 May Be
City & State		27 City & State	27 City & State			7. Is this nonprofit corporation a homeowners association?		
23	8	28				7. Is this nonprofit corporation a nor	Yes No	IBUOTIF
Zip	Country	Zip		untry		B. This corporation owes or has paid		
24	25	29	30	,		Personal Property Tax due June 3		<u>K</u> _No
	9. Name and Address of (	Current Registered Agent		81 1	Nome	10. Name and Address of New Reg	istered Agent	
1101001	a actions				Name			
HOLCOME 75 LEISUF					Street Addre	Address (P.O. Box Number is Not Acceptable)		
	OSA BEACH FL 32459			83				
				84 (	City		FL 85	Zip Code
		0500 047 4500 Finds Ou				ion or house this statement for the number	a of abanaina its	rogletorod
11. Pursuant to office or reagent. I an						ion submits this statement for the purpos is board of directors. I hereby accept the		s registered s registered
11. Pursuant to office or re agent. 1 an SIGNATURE.	Signature, typed or printed name of registe	ered agent and title if applicable.				ion submits this statement for the purpos is board of directors. I hereby accept the red when reliabilities?  ADDITIONS/CHANGES TO OFFIC	DATE	
11. Pursuant to office or reagent. I an SIGNATURE	Signature, typed or printed name of registe		(NOTE: Register	erad Ageni		red when reinstating)	DATE	CTORS IN 12
11. Pursuant to office or reagent. I am SIGNATURE.	Signature, typed or printed name of register OFFICE D BI\$HOP, VERNON	ered agent and title if applicable.  RS AND DIRECTORS  DELE	(NOTE: Registe 13. ETE 1.1 TI 1.2 No	ered Agent TILE	at signature require	red when reinstating)	DATE ERS AND DIRE	CTORS IN 12
11. Pursuant to office or reagent. 1 and SIGNATURE.  12. TITLE NAME STREET ADDRESS	Signifure, typed or printed name of registe OFFICE D BI\$HOP, VERNON POST OFFICE BOX 1182	ered agent and title if applicable. RS AND DIRECTORS DELE	(NOTE: Register 13. ETE 1.1 TI 1.2 No. 1.3 ST	ered Ageni TILE NAME	it signature require	red when reinstating)	DATE ERS AND DIRE	CTORS IN 12
11. Pursuant to office or reagent. 1 and SIGNATURE.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registe OFFICE D BI\$HOP, VERNON POST OFFICE BOX 1182 SANTA ROSA BEACH FL	ered agent and title if applicable.  RS AND DIRECTORS  DELE  32459	(NOTE: Registe 13. ETE 1.1 TI 1.2 N 1.3 SI 1.4 CI	ored Agent TILE NAME TREET AD	it signature require	red when reinstating)	DATE ERS AND DIRE	CTORS IN 12
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I hereby certify that the information supplied with this filling 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 eath; 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 changes, or on an attachment with an address.

SIGNATURE:

850-267-2459