

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90129 038 ****61.25

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DOCUMENT # N97000004173

1. Corporation Name

**ROUND LAKE BAPTIST CHURCH OF ROUND LAKE, FLORIDA
.INC.**

Principal Place of Business

**4450 LAFAYETTE STREET
MARIANNA FL 32446**

Mailing Address

**4450 LAFAYETTE STREET
MARIANNA FL 32446**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 **P.O. Box 1508**

07/22/1997

22 City & State

27 City & State

4. FEI Number

59-3364004

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

29

32447

30

6. Election Campaign Financing

☐ **\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BONDURANT, FRANK E
4450 LAFAYETTE STREET
MARIANNA FL 32446**

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

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 **D** ☒ DELETE
NAME **OLSON, DENNIS**
STREET ADDRESS **1348 SLEEPY HOLLOW DR**
CITY-ST-ZIP **ALFORD FL 32420**

1.1 TITLE **DIRECTOR, SUNDAY SCHOOL** ☐ Change ☒ Addition
1.2 NAME **CHARL NIELSON**
1.3 STREET ADDRESS **189 PIKE POND ROAD**
1.4 CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **D** ☐ DELETE
NAME **JOINER, ROY**
STREET ADDRESS **17714 CENTER DRIVE**
CITY-ST-ZIP **FOUNTAIN FL 32438**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **WILLIAMS, JUDY**
STREET ADDRESS **1050 MILL ROAD**
CITY-ST-ZIP **ALFORD FL 32420**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 a I other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

Daytime Phone #

CR2E037 (11/98)