FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700004513

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90012 027 ****70.00

Corporation Name													
FIRST BAPTIST SCHOOL AGE MINISTRIES, INC.										112_27	-)	
									,				
Principal Place of Business Mailing Address									,	,			
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229 SOUTH PEAR STREET 229 SOUTH PEAR STREET BLOUNTSTOWN FL 32424 BLOUNTSTOWN FL 32424													
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									,				_
2. Principal P	a. Mailing Add	Mailing Address				3. Date incorporated or Qualifed							
Suite, Apt. #, etc.				26					08/08/1997 4. FEI Number Applied Fo				4
⊢ ' '	#, etc.			Suite, Apt. #, etc.					E0 0404470			·	4
City & State				City & State					33 340 1170	/		t Applicable	۱.,
23					28				5. Certificate of Status Desired		Fee Re		1
Zip	ip Country			Zip Country				6. Election Campaign Financing		\$5.00	··	1	
24	25			30					Trust Fund Contribution		Added 1		
<u>'</u>	9. Name	and Address of	Surrent Regi	istered Agent					10. Name and Address of New I	Registered A	gent		1
,						8	1 1	Name		,			
MOWREY, LAURA							2 5	Street Addres	ss (P.O. Box Number is Not Accept	able) *			1
229 SOUTH PEAR STREET													
BLOUNTSTOWN FL 32424						8:	3						ı
						8	4 0	City			85 Zip (Code	1
							Ш.			FL			
11. Pursuant office or I	t to the provisi registered age	ions of Sections 6 ent, or both, in the	7.0502 and State of Flor	617.1508, Flor ida. Such char	ida Statutes ige was aut	s, the abor thorized b	ve-na y the	amed corporation	ation submits this statement for the 's board of directors. I hereby accept	purpose of c pt the appoin	hanging its tment as re	registered gistered	
agent. I a	am familiar 🕅	th, and accept the	obligations of	Section 617.	.0503, Floric	da Statute	s.	•	's board of directors. I hereby accept	•	ıls k	20	
SIGNATURE		or printed name of registe		Oen	NOTE	\geq		nature required w	A	DATE	17/7	8	1.
12.	Signature, typeu		RS AND DIR			- 13.	tenir svA	historia radollari A	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	1
TITLE	٥				ELETE	1.1 TITLE	:				☐ Change	☐ Addition	1 :
NAME	MCCLELLA	an, sybel				1,2 NAME			·				Ŀ
STREET ADDRESS	l = = ==	•				1.3 STRE	ET AD	DRESS					П
CITY-ST-ZIP	BLOUNTS	TOWN FL 32424	ļ			1,4 CITY-	ST-ZI	Р					ŀ
TITLE	D			X Q	ELETE	2.1 TITLE					☐ Change	Addition	1
NAME	JOHNSON	i, Howard		,		2.2 NAME	Ξ		÷				
STREET ADDRESS	1411 JOH	ns st				2.3 STRE	ET ADI	DRESS					
CITY-ST-ZIP	BLOUNTS	<u> TOWN FL 32424</u>				2. 4 CITY-	-ST-Z	IP					4
TITLE -	D		æ	- — . Џ 🛚	ELETE	3.1 TITLE	•	-			Change	~~ [_] Addition`	Γ
NAME	STONE, TI					3.2 NAME	-						
STREET ADDRESS	111 =, = 21		ı			3.3 STREE		1				•	
CITY-ST-ZIP TITLE		TOWN FL 32424	<u> </u>	<u> </u>	ELETE	3.4. CITY- 4.1 TITLE		IP			Change	☐ Addition	1
NAME	D Brinkley,	MONICA				4.1 IIILE					C) Change		
STREET ADDRESS						4.2 NAME		DDECC					1
CITY-ST-ZIP	1	: 31 TOWN FL 32424	ı			4.4 CITY-							
TITLE	DECOUNTS	101111 IL UZ7Z1		□ D	ELETE	5.1 TITLE		' 			Change	☐ Addition	1
NAME	JOHNSON	I. AMY				5.2 NAME					_		-
STREET ADDRESS	1					5.3 STREE	ET ADI	DRESS					
CITY-ST-ZIP		TOWN FL 32424				5.4 CITY-	ŞT-ZIF	-	0.				
TITLE	D			□ D	ELETE	6.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	1
NAME	DAVIS, VIC	CKI				6.2 NAME			•		4		1
STREET ADDRESS						6.3 STREE		1					
O(T) (OT 7)D	DI OLIMPOT	TOWN EL 22404				SACITY S	CT 7L	. I					1

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 cett, 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: