

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004572

1. Corporation Name
SHADY SEA BAPTIST CHURCH INC.

Principal Place of Business 47 SHADY SEA ST CRAWFORDVILLE FL 32327	Mailing Address 47 SHADY SEA ST CRAWFORDVILLE FL 32327
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 08/12/1997	4. FEI Number 59-3053267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent CLAYTON, ALVIN M 501 EDGAR POOLE RD CRAWFORDVILLE FL 32327	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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		NOTE: Registered Agent signature required when retitling		DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT GRAY, RANDALL R 2919 SPRING CREEK HWY CRAWFORDVILLE FL 32327	<input type="checkbox"/> DELETE	1.1 TITLE	President, Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V WHITFIELD, LESTER 81 SERAFINO LANE CRAWFORDVILLE FL 32327	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President, Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	ST GRAY, LOUISE 2919 SPRING CREEK HWY CRAWFORDVILLE FL 32327	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary, Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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02-11-99 90047 048 \$61.25

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 of Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Louise Gray SIGNATURE REQUIRED Louise Gray 1/17/99 850-226-2228

CR2E037 (11/98)