NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004613

Corporation Name

DAMASCUS BAPTIST CHURCH, INC.

Principal Place of Bu
P O BOX 316
WELAKA FL 32193

21

22

23

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

P O BOX 316 WELAKA FL 32193

2a. Mailing Address

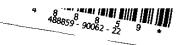
Suite, Apt. #, etc.

City & State

28

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90062 022 ****61.25



3. Date incorporated or Qualifed

5. Certifcate of Status Desired

08/11/1997

59-3481934

4. FEI Number



Applied For

\$8.75 Additional

Fee Required

Not Applicable

Total Contribution Added to Food	Zip	Country	Zip	Country		6. Election Campaign Finance	ing 🖂	\$5.00 May Be		
SHIVERS, CHARLIE 220 S 15 STREET PALATKA FL 32177 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, and smillar with, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named opporation 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 segment, and smillar with, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named variety and 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 operation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of 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. Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State appointment as registered agent, or both, in the State appointment as registered of rectors. I hereby accept the appointment as registered agent, or both, in the State appointment as registered agent, or both, in the State appointment as registered agent, or both, in the State appointment as registered agent, or both, in the State appointment as registered agent, or both, in the State appointment as registered agent, or both in the State appointment as r	24	25	29 3	10		Trust Fund Contribution		Added to Fees		
SHVERS, CHARLE 220 S 15 STREET PALATKA FL 32177 44 City FL 45 City FL 45 City FL 46 Street Address (P.O. Box Number is Not Acceptable) 46 City FL 47 City FL 48 Street Address (P.O. Box Number is Not Acceptable) 48 City FL 48 Street Address (P.O. Box Number is Not Acceptable) 48 City FL 48 Street Address (P.O. Box Number is Not Acceptable) 48 City FL 48 Street Address (P.O. Box Number is Not Acceptable) 48 City FL 48 Street Address (P.O. Box Number is Not Acceptable) 49 City FL 40					10. Name and Address of New Registered Agent					
220 S 15 STREET PALATKA FL 32177 4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617 1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named 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, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a population of Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a population of Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a population of Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In the application of Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In the application of Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In the appli				81	Name				ļ	
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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, and accept the obligations of, Section 617.0502. Priorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and the interpretation of 17.0502. Priorida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS (IN 72 II) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 72 III ADDITIONS/CHANGES TO OFFICERS AND III ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 72 III ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 72 III ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 72 III ADDITIONS/CHANGES TO OFFICERS AND III ADDIT										
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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 tine appointment as registered agent, in the final mallimit with, and accept the obligations of, Section 617.0503, Florida Statuted. Signature				84	City		FL	85 Zip C	ode	
Signature, typed or printed rame of registered agent and time if applicable. (NOTE Registered Agent agenture recruited when recruited with ministrating) SATE	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									
TILE	SIGNATURE	Storyture hand or printed name of registered 80ant a	nd title if applicable (NOTE: F	Registered Age	t signature re	oulred when reinstating)	DATE			
TITLE							OFFICERS A	ID DIRECTOR	RS IN 12	
NAME STREET ADDRESS SHEL STREET 1.3 STREET ADDRESS SMALLWOOD, ANGELINE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP Change Addition		7				Trustee .		Change	Addition	
CITY_ST-ZIP		ANDERSON LALIRA		1.2 NAME						
CITY_ST-ZIP		•		13 STREE	T ADDRESS	80N Palmetto St.				
TITLE T DELETE 21 TITLE	·			1	T. 71P	Welaka FL 32193]	
NAME SMALLWOOD, ANGELINE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP WELAKA FL 32193 24 CITY-ST-ZIP Change Addition		T	DELETE		1-6-11			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZP Change Addition	1	SMALLWOOD ANGELINE		2.2 NAME						
WELAKA FL 32193 2.4 CITY-ST-ZIP WELAKA FL 32193 2.4 CITY-ST-ZIP Change Addition Addition		•		I -	TADODESS				}	
TITLE T DELETE 3.1 TITLE				1						
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CITY-ST-ZIP WELAKA FL 32193 3.4. CITY-ST-ZIP Change Addition Ad					r ADDDESS					
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GIT-51-2P*	STREET ADDRESS									
	CITY-ST-ZIP	<u> </u>						46 4 4 1	#	

4. 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 informatio 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:

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

4-27-99

Daytime Phone #

CR2E037 (11/98