

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90008 029 ****61.25

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

DOCUMENT # N98000001060

1. Corporation Name

COUNTRY ROAD BAPTIST CHURCH, INC.

Principal Place of Business

 *SARALEE DEBLEY, CHURCH CLERK
 1125 WISTERIA DRIVE
 WILDWOOD FL 34785

Mailing Address

 *SARALEE DEBLEY, CHURCH CLERK
 1125 WISTERIA DRIVE
 WILDWOOD FL 34785

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/20/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3493314
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
	30	\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

 DEBLEY, SARALEE
 1125 WISTERIA DRIVE
 WILDWOOD FL 34785

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MODERATOR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE SHEALY	1.2 NAME	
STREET ADDRESS	12978 CR 245-E	1.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD, FL 34484	1.4 CITY-ST-ZIP	
TITLE	PASTOR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. WILLIAM STENNETT	2.2 NAME	
STREET ADDRESS	2069 PALO ALTO AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE, FL 32159	2.4 CITY-ST-ZIP	
TITLE	TREASURER	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY SHEALY	3.2 NAME	
STREET ADDRESS	12878 CR 245-E	3.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD, FL 34484	3.4 CITY-ST-ZIP	
TITLE	CHURCH CLERK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARALEE DEBLEY	4.2 NAME	
STREET ADDRESS	1125 WISTERIA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD, FL 34785	4.4 CITY-ST-ZIP	
TITLE	PATRICK HANLON	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1036 WOODSIDE DR	5.2 NAME	
STREET ADDRESS	WILDWOOD, FL 34785	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	RUSSELL STEPHENS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12928 CR 245-E	6.2 NAME	
STREET ADDRESS	OXFORD, FL 34484	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARALEE DEBLEY

1/19/99

352-330-0609

Daytime Phone

CR2E037 (1/98)