

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 27, 1999 8:00 am  
Secretary of State

04-27-1999 90197 028 \*\*\*\*61.25

DOCUMENT # N98000002183

1. Corporation Name

LITTLE ROCK CHURCH, INC.

Principal Place of Business  
290 SOUTHWEST 2ND STREET  
LAKE BUTLER FL 32054

Mailing Address  
P.O. BOX 715  
LAKE BUTLER FL 32054

433797-90197-28



2. Principal Place of Business

21 780 Southwest 3rd St.

2a. Mailing Address

26 P.O. Box 57

3. Date Incorporated or Qualified

04/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3512271

Applied For

Not Applicable

22 City & State

23 Lake Butler, Florida

27 City & State

28 Lake Butler, Florida

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip Country

24 32054

25 Union

Zip

29 32054

Country

30 Union

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BRISTOW, MARY  
435 SOUTHEAST 5TH AVENUE  
LAKE BUTLER FL 32054

10. Name and Address of New Registered Agent

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.

(NONE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BRISTOW, MARY  
STREET ADDRESS 435 SOUTHEAST 5TH AVENUE  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE D ☐ DELETE  
NAME GREEN, WAYNE  
STREET ADDRESS ROUTE 3 BOX 18  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE D ☐ DELETE  
NAME JONES, SHERRY  
STREET ADDRESS ROUTE 4, P.O. BOX 2877  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE D ☐ DELETE  
NAME BRISTOW, EUGENE  
STREET ADDRESS 435 SOUTHEAST 5TH AVENUE  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE D ☐ DELETE  
NAME FILER, CATHERINE  
STREET ADDRESS 580 SOUTHEAST 5TH AVENUE  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)