

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

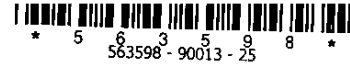
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003265

1. Corporation Name

SOUTHLAND BAPTIST CHURCH INC.



Principal Place of Business

1637 EAST VINE STREET #G
 KISSIMMEE FL

Mailing Address

POST OFFICE BOX 450216
 KISSIMMEE FL 34744



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Southland Baptist Church	28		06/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	2440 Fortune Road	27		59-3511957	
City & State		City & State		59-00-029682-55c	
23	Kissimmee Florida	28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		Country	
24	34744	25	Oscola	30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

FRANKS, JIMMY E
 1860 SAHA COURT
 KISSIMMEE FL 34744

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 Jimmy E Franks Pastor DATE 4-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Trustees <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald C. Vernelson	1.2 NAME	
STREET ADDRESS	1135 Schooner Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34744	1.4 CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neal K Hiatt	2.2 NAME	
STREET ADDRESS	3101 Great Oaks Blvd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34744	2.4 CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jon R Ennis	3.2 NAME	
STREET ADDRESS	2286 Sunny St	3.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34741	3.4 CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald L. McClure	4.2 NAME	
STREET ADDRESS	3654 Boggy Creek Road	4.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34744	4.4 CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry L. Brown	5.2 NAME	
STREET ADDRESS	8244 Ham Brown Road	5.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34746	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 REQUIRED DATE 4-28-99 DAYTIME PHONE # 407-847-3550

CR2E037 (1/98)