NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N98000004159

1. Corporation Name

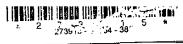
ST. LEWIS MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business 22300 WHITMAN ROAD BROOKSVILLE FL 34601 Mailing Address

22300 WHITMAN ROAD BROOKSVILLE FL 34601

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90087 032 ****61.25





| | | | | 3. Date Incorporated or Qualifed | | |
|---|--|--------------------|---|---|------------------------------|--|
| 2. Principal Place of Business Churches 22300 Whitman, la. | | | | 07/16/1998 | | |
| 2. Principal Place of Business b. Churchie 23300 Whitman, ld | | | w, ko. | 4. FEI Number | Applied For | |
| Suite, Apt. #, etc. | | | | 15-0825191 | Not Applicable | |
| 1 / 2 / 1 Broad Street 27 | | | | 63 0000 | \$8:75 Additional | |
| City & State | | | | 5. Certificate of Status Desired | Fee Required | |
| The national les House (28 preacherster sea. | | | | | \$5.00 May Be | |
| Zip County Zip County | | | | 6. Election Campaign Financing | Added to Fees | |
| 34601 25 71. S. H. 29 34601 30 HIL | | | | 10. Name and Address of New Registered | "" | |
| A Name and Address of Current Registered Agents | | | | | | |
| o i Naire | | | | | | |
| (8) | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| FLETHCER, BERNICE N | | | | | | |
| 22300 WHITMAN ROAD | | | 83 | 83 | | |
| BROOKSVILLE FL 34601 | | | | | 85 Zip Code | |
| | | | B4 City | FI | _ | |
| 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. 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered as the corporation is board of directors. I hereby accept the appointment as registered as the corporation is board of directors. | | | | | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 of the obligations of, Section 817.0503, Florida Statutes. | | | | | | |
| office or registered agent, or both, in the State of Florida. Such delayed agent. I am familiar with, and accept the obligations of, Section 817.0503, Florida Statules. | | | | | | |
| All to have been for secretary | | | | | | |
| . SIGNATURE | Signature, typed or printed name of registered agent and title a applicable | | gistered Agent signature require 13. | ADDITIONS/CHANGES TO OFFICERS | ND DIRECTORS IN 12 | |
| 12. | OFFICERS AND DIRECTORS | | T | | Change | |
| TITLE | 0 | DELETE | t.1 TITLE | | | |
| NAME | FLETCHER, ROY R | | 12 NAME | | • | |
| STREET ADDRESS | 22300 WHITMAN ROAD | | 1,3 STREET ADDRESS | | | |
| | BROOKSVILLE FL 34601 | | 1,4 CITY-ST-ZIP | | Change C. | |
| CTTY-ST-ZIP | D | DELETE | 21 TILE | | · | |
| πŒ | NEWTON, THOMAS C | | 2.2 NAME | | | |
| NAME | NEWTON, INDANO | | 2.3 STREET ADDRESS | | | |
| STREET ADORESS | P.O. BOX 492 | | 2, 4 CITY-ST-ZIP | | Change | |
| CITY-ST-ZIP | BROOKSVILLE FL 34605 | DELETE . | 31 ΠΤLE | | | |
| TITLE | D | | 3.2 NAME | | | |
| NAME | FLETCHER, BERNICE N | | 33 STREET ADDRESS | | | |
| STREET ADDRESS | 22300 WHITMAN ROAD | | | | | |
| -CITY-ST-ZIP | BROOKSVILLE FL 34601 | TI OF LETE | 3.4. CITY-ST-ZIP | | Change' | |
| TITLE | D | DSLETE | | | | |
| NAME | FRIBLEY, GEORGE | | 4. 2 NAME | | | |
| STREET ADDRESS | Language of the second state of the second sta | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BROOKSVILLE FL 34602 | | 4.4 CITY-ST-ZIP | | Change | |
| TITLE | D | DELETE | 5.1 TITLE | | | |
| NAME | HOWARD, PAMELA F | | 5.2 NAME | • | | |
| 1 | TOTAL PROPERTY OF THE PARTY OF | | 5.3 STREET ADDRESS | | | |
| STREET ADDRESS | BROOKSVILLE FL 34601 | | 5,4 CITY-ST-ZIP | | Change C | |
| CITY-ST-ZIP | | ☐ DELETE | 8.1 TITLE | | | |
| TITLE | D CATHERINE FARMESTIME | | 6.2 NAME | | | |
| HAME | STEPHENS, EARNESTINE | | 6.3 STREET ADDRESS | | | |
| STREET ADDRESS | 22487 JACOBSON ROAD | | | · | | |
| CITY-ST-ZP | BROOKSVILE FL 34601 certify that the information supplied with this filing do | | the exemption stated it | n Section 119.07(3)(i), Florida Statutes, I further | certify that the information | |
| 14 I hereby | certify that the information supplied with this filing do | es not quality for | in costs and that my signal | ture shall have the same legal effect as if made t | nder oath; that I am an | |

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under load, that my name appears in 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 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 officer or director of the corporation or the receiver or trustee empowered.

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.