

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
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90002 032 ****61.25

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DOCUMENT # N98000004166

1. Corporation Name

FAITH BAPTIST CHURCH OF BLOUNTSTOWN, INC.

Principal Place of Business
1100 CALHOUN AVENUE
BLOUNTSTOWN FL 32424

Mailing Address
1100 CALHOUN AVENUE
BLOUNTSTOWN FL 32424



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/16/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUTCHIN, ALFRED E
1318 S. HWY 71
WEWAHITCHKA FL 32465

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **CUTCHIN, ALFRED E**
STREET ADDRESS **1318 S. HWY 71**
CITY-ST-ZIP **WEWAHITCHKA FL 32465**

1.1 TITLE **TR** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PORTER, JIMMY**
STREET ADDRESS **PO BOX 95 N/A**
CITY-ST-ZIP **CLARKSVILLE FL 32430**

2.1 TITLE **TR** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SMITH, TRAVIS**
STREET ADDRESS **2350 DOWNHOMME RD,**
CITY-ST-ZIP **GRAND RIDGE FL 32441**

3.1 TITLE **TR** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **2330 Downhomme Rd**
3.4 CITY-ST-ZIP **GRAND RIDGE FL 32441**

TITLE **D** ☐ DELETE
NAME **SEWELL, ALBERT**
STREET ADDRESS **RT.1 BOX 45-S**
CITY-ST-ZIP **HOSFORD FL 32334**

4.1 TITLE **TR** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99
Date

850-639-3877
Daytime Phone #

CR2E037 (1/98)