## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90070 036 \*\*\*\*61.25

## **NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

> Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N9800005065 1. Corporation Name

PYRON CHAPEL INDEPENDENT CONGREGATIONAL CHURCH, INC.

Original Disease	of Pusings	1.4	alling Address								
Principal Place of Business									5 A 1951 A <b>9</b> 51 <b>3</b> 1	HI 61 6271 1461	
6498 WILLIAM GARY JOHNSON ROAD BAKER FL 32531		P.O. BOX 357 BAKER FL 32531									
OMNEH FE 323	S1	٠	MACHINE ORGO								
							·				_
2. Princinal Pl	ace of Business	2a.	Mailing Address				3. Date Incorporated or Qualifed				1
21			₹				08/31/1998				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number	-	Ap	plied For	
22			27				·   59~3545035		No	1 Applicable	]
City & State			City & State						\$8.75	Additional	
23			28				5. Certificate of Status Desired		Fee Re	quired	1
Zip	Country	1	Zip	Cou	nby		6. Election Campaign Financing		\$5.00	May Be	1
24	25	29	_	30			Trust Fund Contribution		Added I	o Fees	1
24	9. Name and Address of Current	1			Γ.		10. Name and Address of New Regis	tered A	pent		
					81	Name			•		ļ
CALL DAVED					82	ļ <u></u>	(D.O. D. W. L. J. Net Assessable)				┨
BALL, DAVID						Street Ao	Address (P.O. Box Number is Not Acceptable)				İ
6498 WILLIAM GARY JOHNSON ROAD											1
BAKER FL	. 32531				83						4
					84	City		FL	85 Zip (	Code	1
			47 4500 Fladd Parkets		<u></u>	named co	morntion culturity this statement for the num		anging its	registered	t
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.											1
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutés.											
SIGNATURE											ء ا
Signature, typed or printed name of registered agent and tritle if applicable.  12. OFFICERS AND DIRECTORS				Registered	Agen	al signature requi	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12	100
12.	OFFICERS AND	DIKE	DELETE	1,5 T	T =		ADDITIONS CHARGES TO STATE		Change	Addition	13
TILE (3)	P DATE DATE		C) DECE IC			-				_	1
NAME	BALL, DAVID	DO 4	n	1.2 N			5221 Huy 4				8
STREET ADORESS	6498 WILLIAM GARY JOHNSON	KUA	U				PRESTYIEW IFL 32	53£			2
CITY-ST-ZIP	BAKER FL 32531			_	TY-S	1-ZP C	TERRITOR IL SOL		Change	Addition	46
TTLE (JD)	V		☐ DELETE	21 T					□1 cvan∂e	L. Addison	1
NAME	Barnhill, Dorothy			2.2 N	WE	1.	6108 HUY 189N				1
STREET ADDRESS	6498 WILLIAM GARY JOHNSON	roa	D	235	REE	TADDRESS (	D-11-0-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	21			١.
CITY-ST-ZZPT-3	BAKER FL 32531			2.40	ภY-\$	rī-ZIP	6798 HWY 189N BAKER, FC 335	<u> </u>			4
mue (D)	S		☐ DELETE	3.1 TI	TLE				-Change	Addition	1
NAME	BARNHILL, HELEN			3.2 N	WE	\ <del>}</del>	TELEN MARSHALL 1423	VIN.	SONER	AY RD	
STREET ADDRESS	6498 WILLIAM GARY JOHNSON	ROA	ס	335	REE	T ADDRESS	10. BOX 307 2 AKER FT 38531				1
CITY-ST-ZIP	BAKER FL 32531			3.4. C	ITY-S	T-ZIP	ZAKERIFI 38531				4
TITLE			☐ DELETE	4.1 77					Change	Addition	1
NAME				4.2 N	ANE	1					
STREET ADDRESS				435	TREET	TADORESS					
					TY-S	1					
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CITY-ST-ZIP			☐ DELETE	6.1 7		1-25	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	1
TITLE .			C NETE IE	6.2 N		]					
NAME											1
STREET ADDRESS						TADDRESS					1
CITY-ST-78P				6.4 CI	TY-S	T-23P					J

14. Thereby certify that the information supplied with this filling 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:

OCCUPATION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HIGLEN MARSHALL

882-8324