


<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000005065**

1. Corporation Name

**PYRON CHAPEL INDEPENDENT CONGREGATIONAL CHURCH, INC.**

Principal Place of Business

6498 WILLIAM GARY JOHNSON ROAD  
BAKER FL 32531

Mailing Address

P.O. BOX 357  
BAKER FL 32531

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/31/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3545035	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		30	

9. Name and Address of Current Registered Agent

**BALL, DAVID**  
 6498 WILLIAM GARY JOHNSON ROAD  
 BAKER FL 32531

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
 NAME **P BALL, DAVID**  
 STREET ADDRESS **6498 WILLIAM GARY JOHNSON ROAD**  
 CITY-ST-ZIP **BAKER FL 32531**
TITLE ☒ DELETE
 NAME **V BARNHILL, DOROTHY**  
 STREET ADDRESS **6498 WILLIAM GARY JOHNSON ROAD**  
 CITY-ST-ZIP **BAKER FL 32531**
TITLE ☒ DELETE
 NAME **S BARNHILL, HELEN**  
 STREET ADDRESS **6498 WILLIAM GARY JOHNSON ROAD**  
 CITY-ST-ZIP **BAKER FL 32531**
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
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:

*Helen Marshall*  
 HELEN MARSHALL

1-14-99 850 882-8324

Date

Daytime Phone #

CR2E037 (11/98)