FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800005507

Corporation Name

FIRST BAPTIST CHURCH OF HORSESHOE BEACH, INCORPORATED

Principal Place of Business
COUNTY RD. 351 AT 2ND. AVE. EAST
HORSESHOE BEACH FL 32648

2. Principal Place of Business

Mailing Address

P.O. BOX 157

2a. Mailing Address

HORSESHOE BEACH FL 32648

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90169 045 ****70.00

| | A 4 44 | |
|------|------------|--|

3. Date Incorporated or Qualifed

09/22/1998

| 21 | | 26 | | | | | | | | |
|--|--|-------------------------|--------------------|---|----------------------|--|---|-----------------------|--|--|
| Suite, Apt. | #, etc. Suite, Apt. #, etc. | | | | | 4. FEI Number 59 2749885 | | Applicable | | |
| City & State | | 27 City & | State | | | 5. Certifcate of Status Desired | \$8.75 A | | | |
| 23 | | 28 | | | | 5. Certificate of Status Desired | Fee Red | uired | | |
| Zip | Country | Zip | | Country | | 6. Election Campaign Financing | \$5.00 | vlay Be | | |
| 24 | 25 | 29 | 30 |] | | Trust Fund Contribution | Added to | Fees | | |
| | 9. Name and Address of Current | Registered A | gent | | | 10. Name and Address of New Registe | red Agent | | | |
| | | | | 81 | Name | | | | | |
| JENKINS, GREGG COUNTY RD. 351 AT 9TH STREET HORSESHOE BEACH FL 32648 | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | " | or order Addices (1 , 5, sex terms) | | | | | | |
| | | | 83 | 83 | | | | | | |
| | | | 84 | City | | 85 Zip C | ode | | | |
| | | | | 04 | City | 1 | FL | | | |
| office or re agent. I a | to the provisions of Sections 617 0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | if Florida. Suct | i change was authi | onzed by | the corporation | oration submits this statement for the purpos n's board of directors. I hereby accept the a | a of changing its i appointment as reg | egistered jistered | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable | e. (NOTE: Rec | gistered Agen | t signature required | when reinstating) DATI | Ē | | | |
| 12. | OFFICERS AND | | | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | | | |
| TITLE | | | DELETE | 1.1 TITLE | | Trustee | ☐ Change | X Addition | | |
| NAME | | | | 1.2 NAME | | Jack D. Spivey T/C | | ,] | | |
| STREET ADDRESS | | | | 1.3 STREET | ADDRESS | 6th Ave. West | | ì | | |
| CITY-ST-ZIP | | | | 1.4 CITY-S | T-ZIP | Horseshoe Beach, Fl. | 32648 | | | |
| TITLE | | | ☐ DELETE | 2.1 TITLE | | Trustee | ☐ Change | Addition | | |
| NAME | | | | 2.2 NAME | [| Jackie Neeley T/S | | [| | |
| STREET ADDRESS | | | | 2.3 STREET | ADDRESS | 351 Horseshoe Rd. | | - | | |
| CITY-ST-ZIP | | | | 2. 4 CITY-S | T-ZIP | Horseshoe Beach, Fl. | 32648 | | | |
| TITLE | | | ☐ DELETÉ | 3.1 TITLE | | | ☐ Change | Addition | | |
| NAME | | | | 3.2 NAME | | Trustee Jenkins Co. Rd 351 at 9th St. | T | | | |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | Horseshoe Beach, F1. | 32648 | ì | | |
| CITY-ST-ZIP | | | | 3.4. CITY-S | IT-ZIP | | | | | |
| TITLE | | | ☐ DELETE | 4.1 TITLE | | | Change | Addition (| | |
| NAME | | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | | | ļ | | |
| CITY-ST-ZIP | | | | 4.4 CITY-S | T-ZIP | | | | | |
| TITLE | | | ☐ DELETE | 5.1 TITLE | | | Change | ☐ Addition | | |
| NAME | | | | 5.2 NAME | | | | , | | |
| STREET ADDRESS | | | | 5.3 STREET | T ADDRESS | | | , | | |
| CITY-ST-ZIP | | | | 5.4 CITY-S | T-ZIP | | | | | |
| TITLE | | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition | | |
| NAME | | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | | 6.3 STREET | FADDRESS | | | | | |
| | | | | 64 CITY-S | T-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:

GNATURE SHE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/4/99

352-498-0243 Daytime Phone # RZE037 (11/98)