NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800006416

1. Corporation Name

GOD'S WAY BAPTIST CHURCH, INC.

Principal Place of Business

TAZ ROAD MARIANNA FL Mailing Address

P.O. BOX 67

COTTENDALE FL 32431

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90005 049 ****61.25



Suite, Apt. #, etc.
22 27 State State Status Desired Status Desired
City & State City & State Zip Country Zip Country Zip Country Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AUGER, CARLA 826 OLIVIA DRIVE ALFORD FL 32420 83
23 Zip Country Zip Country 6. Election Campaign Financing S5.00 May Be 24 25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AUGER, CARLA 826 OLIMA DRIVE ALFORD FL. 32420 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
TITLE TD DELETE 1.1 TITLE Change Ad
NAME SAPP, DALLAS 1.2 NAME
STREET ADDRESS 26262 COUNTRY OAK DR. 1.3 STREET ADDRESS
CITY-ST-ZIP COTTENDALE FL 32431
TITLE PD DELETE 2.1 TITLE Change Ad
NAME FEJES, MARK 22 NAME
STREET ADDRESS 900 ARTHUR AVE. 2.3 STREET ADDRESS
CITY-ST-ZIP PANAMA CITY FL 32401 2.4 CITY-ST-ZIP
TITLE SD DELETE 3.1 TITLE Change Ad
NAME AUGER, CARLA 3.2 NAME
STREET ADDRESS 826 OLIVIA DRIVE 3.3 STREET ADDRESS
CITY-ST-ZIP ALFORD FL 32420 3.4. CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Ad
NAME 4. 2 NAME
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CITY-ST-ZIP 4.4 CITY-ST-ZIP
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TITLE DELETE 6.1 TITLE Change Ad
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 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 an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OF PER OR DIRECTOR

5-12-99 (856) 914-3267

CR2F037 (11/98)