

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

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

**DOCUMENT # N98000006416**

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**



2. Principal Place of Business

21

Suite, Apt. #, etc. --

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City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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30

3. Date Incorporated or Qualified

**11/06/1998**

4. FEI Number

**59-3540082**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**AUGER, CARLA  
826 OLIVIA DRIVE  
ALFORD FL 32420**

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 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SAPP, DALLAS  
26262 COUNTRY OAK DR.  
COTTENDALE FL 32431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FEJES, MARK  
900 ARTHUR AVE.  
PANAMA CITY FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
AUGER, CARLA  
826 OLIVIA DRIVE  
ALFORD FL 32420**

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SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-12-99 (850) 914-3267**

Date

Daytime Phone #

CR2E037 (11/98)

007044