


**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90003 040 \*\*\*\*61.25

ANNUAL REPORT <b>1999</b>		 Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>N98000007149</b> ✓		
1. Corporation Name <b>FIRST BAPTIST CHURCH OF JASPER, FLORIDA, INC.</b>		
Principal Place of Business 207 NE 2ND ST JASPER FL 32052	Mailing Address 207 NE 2ND ST JASPER FL 32052	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/18/1998</b>	
21 Suits, Apt. #, etc.	22 City & State	26 Suits, Apt. #, etc.	27 City & State	4. FEI Number <b>59-3560986</b>	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 1408 HAYS ST, SUITE 2 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEGDE, JOHN JR</b>	1.2 NAME	<b>Dedge, John Jr</b>
STREET ADDRESS	<b>P O BOX 484 N/A</b>	1.3 STREET ADDRESS	<b>1126 Fieldcrest Rd</b>
CITY-ST-ZIP	<b>JASPER FL</b>	1.4 CITY-ST-ZIP	<b>Jasper FL 32052</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBSON, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>6514 NW HWY 41</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REID, HARRY T</b>	3.2 NAME	<b>Reid, Harry T</b>
STREET ADDRESS	<b>P O BOX 71</b>	3.3 STREET ADDRESS	<b>905 NW 4th St</b>
CITY-ST-ZIP	<b>JASPER FL 32052</b>	3.4 CITY-ST-ZIP	<b>Jasper FL 32052</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGISTER, LOYD</b>	4.2 NAME	<b>Register, Loyd</b>
STREET ADDRESS	<b>P O BOX 508 N/A</b>	4.3 STREET ADDRESS	<b>317 SR 6 E</b>
CITY-ST-ZIP	<b>JASPER FL 32052</b>	4.4 CITY-ST-ZIP	<b>Jasper FL 32052</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: Harry T. Reid **REQUIRED** Harry T. Reid, President 7/7/99 904-792-3456  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #