FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

8378 SW 38 AVENUE

OCALA FL

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE :

NAME

NAME

	MENT # 72230		(7)				
	GRINER BAPTIST CHURCH	, , , , , , , , , , , , , , , , , , ,					
Principal Plac	ce of Business	Mailing Addr	Mailing Address			1 100111 10010 11010 11010 51111 00110 1101 01011 01011	idit dinti ginii gidii iddi
6422 N.E. JACKSONVILLE RD. OCALA FL 34479		6422 N.E. JACKSONVILLE RD. OCALA FL 34478				3. Date Incorporated or Qualified 12/20/1971	
						4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address						59-1143293	Not Applicable
21		26				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sulte, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				\$5.00 May Be
22 City & Stat	to.		City & State			Trust Fund Contribution	Added to Fees
23	le	28				7. Is this nonprofit corporation a homeowners a	
Zip	Country Zip		Country		8. This corporation owes or has paid the curren	t year Intangible	
24	25 29 30			0	Personal Property Tax due June 30. Yes No		Yes 🔲 No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Age	ent
RUSSELL, HAROLD 901 NE 56TH ST OCALA, FLORIDA OCALA FL 34479				82 83	Street A	Address (P.O. Box Number is Not Acceptable)	
				84	City	FL	35 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 617.0 registered agent, or both, in the Starm familiar with, and accept the ob-	502 and 617.1508, F ate of Florida. Such c ligations of, Section 6	orida Statutes, nange was aut 17.0503, Florid	the above horized by da Statutes	e-named the corp i.	corporation submits this statement for the purpose of chooration's board of directors. I hereby accept the appoin	anging its registered tment as registered
SIGNATURE	Signature, typed or printed name of registered	exect and title if anninable	(NOTE: 0	Projetovod Age	ot slanet wo	required when reinstating) DATE	
12. OFFICERS AND DIRECTORS I 13					int algridus	ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12
TITLE	TD DELETE		1.1 TITLE			Change	
NAME	RUSSELL, HAROLD		1.2 NAME				
STREET ADDRESS	001 112 10 01		1.3 STREET	address			
CITY-ST-ZIP				1.4 CITY - S	T-ZIP		
TITLE	8		DELETE	2.1 TITLE			Change
NAME	GOODWIN, HAROLD			2.2 NAME	J		
STREET ADDRESS	P.O. BOX 642 N/A			2.3 STREET	address		
CITY-ST-ZIP	ORANGE LAKE FL			2.4 CiTY-5	T-ZIP		
TITLE	VD	Ĺ.	DELETE	3.1 TITLE			Change
NAME	MIMS, CLINTON			3.2 NAME	1		
STREET ADDRESS	1105 NE 63 ST			3.3 STREET			
CITY-ST-ZIP	OCALA FL		DELETE	3.4. CITY-S	T-ZIP		DL. T. T. J.
TITLE	PD	L	DELETE	4.1 TITLE		L	Change
NAME	MALOY, PETE			4. 2 NAME	- 1		

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 if changed or on an attachment with an address

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

FILED

Feb 11 1998 8:00am

Secretary of State

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