

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 758987 (2)**  
 1. Corporation Name  
**FAIR HAVEN BAPTIST CHURCH, INC.**



Principal Place of Business 33530 CR 44-B EUSTIS FL 32726-9701	Mailing Address 33530 CR 44-B EUSTIS FL 32726-9701
--	--

3. Date Incorporated or Qualified <b>06/30/1981</b>
4. FEI Number <b>59-2352626</b>
Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

**9. Name and Address of Current Registered Agent**

**WATKINS, MICHAEL W**  
**33321 WESLEY RD.**  
**EUSTIS FL 32726**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATKINS, MICHAEL W	
STREET ADDRESS	33321 WESLEY RD.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D / Trustee	<input type="checkbox"/> DELETE
NAME	JACKSON, CURTIS	
STREET ADDRESS	3221 NORTHWIND DR	
CITY-ST-ZIP	EUSTIS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DWYER, MARGARET	
STREET ADDRESS	11905 LINDA AVE.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	GATCH, WILLARD	
STREET ADDRESS	2871 N. EUDORA RD.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	FLOYD, JAMES L	
STREET ADDRESS	21 KRISTIN LANE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D - Treasurer / Trustee	<input type="checkbox"/> DELETE
NAME	HOUGH, LARRY LAWRENCE R.	
STREET ADDRESS	42314 HAWKINS RD	
CITY-ST-ZIP	ALTOONA FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	Dacon / Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Oriando Andrews	
1.3 STREET ADDRESS	1260 Morning side st.	
1.4 CITY-ST-ZIP	Mt. Dora 32757	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE: *Michael W. Watkins* Michael W. Watkins 3-20-98 352-333-8888

CR2E037 (10/97)