

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766492** (3)

1. Corporation Name

**EAGLES' NEST BAPTIST CHURCH, INC.**



Principal Place of Business <b>4650 EAGLES NEST ROAD FRUITLAND PARK FL 34731</b>	Mailing Address <b>4650 EAGLES NEST ROAD FRUITLAND PARK FL 34731-5634</b>
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3. Date Incorporated or Qualified <b>01/11/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2313869</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**STEPHENSON, WARREN H.  
706 CARRIAGE LANE  
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARSHALL, JAMES H JR</b>	1.2 NAME	<b>Charles Stokes</b>
STREET ADDRESS	<b>37049 SHADOW WOOD LANE</b>	1.3 STREET ADDRESS	<b>36321 W Spring Lake Blvd</b>
CITY-ST-ZIP	<b>FRUITLAND PARK FL</b>	1.4 CITY-ST-ZIP	<b>Fruitland Park FL 34731</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEPHENSON, WARREN H.</b>	2.2 NAME	<b>Darrell Looney</b>
STREET ADDRESS	<b>706 CARRIAGE LANE</b>	2.3 STREET ADDRESS	<b>5033 Robin Drive</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	2.4 CITY-ST-ZIP	<b>Fruitland Park FL 34731</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>1511 N. LAKEVIEW AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 do 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: *Warren H. Stephenson* **QUOTED** Date: 4/16/97 Daytime Phone # 365-0101

CP2E037 (9/96)