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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N07980

1. Corporation Name

O'BRIEN BAPTIST CHURCH, INC.

Principal Place of Business

T.J. FLETCHER JR.
21890 FLETCHER RD.
O'BRIEN FL 32071
US

Mailing Address

T.J. FLETCHER JR.
21890 FLETCHER RD.
O'BRIEN FL 32071
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/06/1985

4. FEI Number

59-2356452

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

FLETCHER, T.J. JR.
21890 FLETCHER RD.
O'BRIEN FL 32071

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

Jan. 13, 1999

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FLETCHER, T.J. JR.
STREET ADDRESS 21890 FLETCHER RD
CITY-ST-ZIP O'BRIEN FL 32071 ☐ DELETE

TITLE D
NAME HOLTZCLAW, J.M.
STREET ADDRESS 21809 93RD DRIVE
CITY-ST-ZIP O'BRIEN FL 32071 ☐ DELETE

TITLE D
NAME BOND, RAYMOND, JR.
STREET ADDRESS 15543 164TH ST
CITY-ST-ZIP MCALPIN FL 32062 ☐ DELETE

TITLE D
NAME BUCKNER, CHARLES
STREET ADDRESS P.O. BOX 204 N/A
CITY-ST-ZIP O'BRIEN FL 32071 ☐ DELETE

TITLE D
NAME ROBERTS, EDWARD
STREET ADDRESS POST OFFICE BOX 184 N/A
CITY-ST-ZIP O'BRIEN FL 32071 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 13, 1999

Date

904-935-1875

Daytime Phone #

CR2E037 (1/98)