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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700958 (2)

1. Corporation Name
FLORIDA BAPTIST FOUNDATION



Principal Place of Business 1320 HENDRICKS AVE. JACKSONVILLE FL 32207-0619	Mailing Address 1320 HENDRICKS AVE. JACKSONVILLE FL 32207-0621
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1960	3a. Date of Last Report 04/29/1996
21	22	23	24	4. FEI Number 59-0696288	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BORDERS, GEORGE R
 1320 HENDRICKS AVE.
 JACKSONVILLE FL 32207**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEEKS, SAM H.	
STREET ADDRESS	P.O. BOX 610 N/A	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HILL, STAN W	
STREET ADDRESS	8088 GREEN GLADE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VERLANDER, CHRIS	
STREET ADDRESS	4338 PHILLIPS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARKHAM, RAY	
STREET ADDRESS	1406 BELLESHORE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EDT	<input type="checkbox"/> DELETE
NAME	BORDERS, GEORGE R.	
STREET ADDRESS	1230 HENDRICKS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anderson, Linda H.	
1.3 STREET ADDRESS	9526 Waterford Road	
1.4 CITY-ST-ZIP	Jacksonville, FL 32257	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ned R. Couey	
2.3 STREET ADDRESS	112 Overview Drive	
2.4 CITY-ST-ZIP	Crestview, FL 32539	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jackson, James F.	
3.3 STREET ADDRESS	1536 Breakers West Boulevard	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33411	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Creasman, Herschel	
4.3 STREET ADDRESS	11131 NW 24th Street	
4.4 CITY-ST-ZIP	Coral Springs, FL 33065	
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 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 _____

CR2E037 (9/96)