

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 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 # **704679** (0)

1. Corporation Name

**FLORIDA BAPTIST FAMILY MINISTRIES, INC.**



Principal Place of Business	Mailing Address
1015 SIKES BLVD LAKELAND FL 33801-1499	1015 SIKES BLVD LAKELAND FL 33815-4499

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 8190
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 Lakeland, FL
24 Country	29 33802
25	30 Country

3. Date Incorporated or Qualified 10/18/1962	3a. Date of Last Report 03/29/1996
4. FEI Number 59-0657326	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	
HODGES, CHARLES 2229 FLAMING ARROW DRIVE LAKELAND FL 33813	

10. Name and Address of New Registered Agent	
81 Name	Hodges, Charles
82 Street Address (P.O. Box Number is Not Acceptable)	3803 Old Hwy 37, #127
83	
84 City	Lakeland FL
85 Zip Code	33813

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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, JAMES	1.2 NAME	
STREET ADDRESS	538 LAKE HOLLINGSWORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	
TITLE	VCD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, DOUG	2.2 NAME	
STREET ADDRESS	844 FOREST GLEN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	2.4 CITY-ST-ZIP	
TITLE	VCD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLAUCHLIN, PATTI	3.2 NAME	Jolly, Lawson
STREET ADDRESS	P.O. BOX 5748 N/A	3.3 STREET ADDRESS	8588 Belle Meadow Blvd.
CITY-ST-ZIP	KEY WEST FL 33045	3.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	P	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, CHARLES	4.2 NAME	Hodges, Charles
STREET ADDRESS	2229 FLAMING ARROW DR.	4.3 STREET ADDRESS	3803 Old Hwy 37, #127
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, LORI	5.2 NAME	
STREET ADDRESS	9707 PLEASANT RUN WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	5.4 CITY-ST-ZIP	
TITLE	VP/T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, STEVEN P	6.2 NAME	
STREET ADDRESS	1727 SENECA AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	Jolly, Lawson
3.3 STREET ADDRESS	8588 Belle Meadow Blvd.
3.4 CITY-ST-ZIP	Pensacola, FL 32514
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hodges, Charles
4.3 STREET ADDRESS	3803 Old Hwy 37, #127
4.4 CITY-ST-ZIP	Lakeland, FL 33813
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:  Steven Johnston (941)687-8811

CR2E037 (9/96)