

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707733 (2)

1. Corporation Name
THE FIRST BAPTIST CHURCH OF ST. CLOUD, FLORIDA INCORPORATED INC.



Principal Place of Business
1717 13TH ST
ST. CLOUD FL 34769

Mailing Address
1717 13TH ST.
ST. CLOUD FL 34769
US

3. Date Incorporated or Qualified **08/21/1964** 3a. Date of Last Report **03/15/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1163072	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, JACK
805 MONTANA
ST. CLOUD FL 34769**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, JACK	1.2 NAME	
STREET ADDRESS	805 MONTANA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERBEEK, THOMAS	2.2 NAME	
STREET ADDRESS	2221 SPRING LAKE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACH, CODY	3.2 NAME	Collier, Thomas C.
STREET ADDRESS	1365 BEECHWOOD DR.	3.3 STREET ADDRESS	2900 Green Acres Rd.
CITY-ST-ZIP	ST CLOUD FL	3.4 CITY-ST-ZIP	St. Cloud, FL 34772
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITMORE, PAMELA	4.2 NAME	
STREET ADDRESS	653 ADRIANE PARK CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GULLACHER, ROBERT	5.2 NAME	Shoemaker, Charles B.
STREET ADDRESS	3152 LAKESHORE BLVD	5.3 STREET ADDRESS	4270 Fanny Bass Rd.
CITY-ST-ZIP	ST CLOUD FL	5.4 CITY-ST-ZIP	St. Cloud, FL 34772
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWEEDE, ARTHUR	6.2 NAME	
STREET ADDRESS	1875 RAYMOND DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Arthur S. Tweede*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 **407 954-4777**

Date

Daytime Phone #

CR2E037 (12/95)