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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 707733

1. Corporation Name

**THE FIRST BAPTIST CHURCH OF ST. CLOUD, FLORIDA,
 INCORPORATED**

Principal Place of Business

Mailing Address

1717 13TH ST
 ST. CLOUD FL 34769

1717 13TH ST.
 ST. CLOUD FL 34769
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/21/1964

22 City & State

27 City & State

4. FEI Number
 59-1163072

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOWDEN, JEFFERY
 3898 CREEK BED CIRCLE
 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	T	<input type="checkbox"/> DELETE
NAME	TASSEL, ROLAND VAN	
STREET ADDRESS	3150 PACKARD AVENUE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLLIER, THOMAS C.	
STREET ADDRESS	2900 GREEN ACRES ROAD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHOEMAKE, CHARLES B.	
STREET ADDRESS	4270 FANNY BASS ROAD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	TWEEDIE, ARTHUR	
STREET ADDRESS	1875 RAYMOND DR	
CITY-ST-ZIP	ST CLOUD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	VanTassel, Roland	
1.4 CITY-ST-ZIP	3150 Parkard Ave St Cloud, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Adamson, Jerry	
3.3 STREET ADDRESS	260 Fowler Blvd	
3.4 CITY-ST-ZIP	Kissimmee, FL 34744	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Weiss, Alden	
5.3 STREET ADDRESS	1404 Chishlom	
5.4 CITY-ST-ZIP		
6.1 TITLE	St. Cloud, FL 34771	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas C. Collier*
SIGNATURE REQUIRED

03/04/99 892-8055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)