

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 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 # 713266 (5)

1. Corporation Name
FIRST BAPTIST HOUSING, INC.



Principal Place of Business 414 EAST PINE STREET ORLANDO FL 32801	Mailing Address 414 EAST PINE STREET ORLANDO FL 32801-2854
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3. Date Incorporated or Qualified 08/29/1967	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2357101	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input 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

**MERCHANT, JAMES R
414 E PINE ST
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KELSEY, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3730 S. LAKE ORLANDO PKY	1.2 NAME	
STREET ADDRESS	ORLANDO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ASD MALLORY, SHIRLEY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	613 ORIOLE STREET	2.2 NAME	
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HENRY, JAMES	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1457 MONTCALM ST	3.2 NAME	
STREET ADDRESS	ORLANDO, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD LOIS, WENGER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4600 TINSLEY DRIVE	4.2 NAME	
STREET ADDRESS	ORLANDO FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	STD DARNOLD, WESLEY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3927 WATERFRONT PARKWAY	5.2 NAME	
STREET ADDRESS	ORLANDO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D NANCY HULL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1612 EAST HARDING STREET	6.2 NAME	
STREET ADDRESS	ORLANDO FL	6.3 STREET ADDRESS	
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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: *Lois Wenger* **Lois Wenger, Vice President 3/4/97 407-855-7434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015874

CR2E037 (9/96)