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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
08/29/1967

4. FEI Number
59-2357101

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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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
LARRY T. SANDERS

82 Street Address (P.O. Box Number is Not Acceptable)
414 EAST PINE STREET

83

84 City
ORLANDO

85 Zip Code
FL 32801

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 *Larry T. Sanders* **ADMINISTRATOR** DATE **4/22/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELSEY, ROBERT	
STREET ADDRESS	3730 S. LAKE ORLANDO PKY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MALLORY, SHIRLEY	
STREET ADDRESS	613 ORIOLE STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENRY, JAMES	
STREET ADDRESS	1457 MONTCALM ST	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LOIS, WENGER	
STREET ADDRESS	4800 TINSLEY DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DARNOLD, WESLEY	
STREET ADDRESS	3927 WATERFRONT PARKWAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NANCY HULL	
STREET ADDRESS	1812 EAST HARDING STREET	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<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 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: *Robert E. Kelsey* **ROBERT E. KELSEY** DATE **4/22/98** TELEPHONE **407-898-4101**

CR2E037 (10/97)