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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 716462 (7)
1. Corporation Name
THE FIRST BAPTIST CHURCH OF BUCKINGHAM, INCORPORATED



Principal Place of Business: 12860 ORANGE RIVER BLVD FT. MYERS FL 33905 US
Mailing Address: % BOWERS ACCTING 205 E. JOEL BLVD., #110 LEHIGH ACRES FL 33936 US

3. Date Incorporated or Qualified: 03/20/1969
4. FEI Number: 59-6499399
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

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

9. Name and Address of Current Registered Agent: BEELER, WAYNE 3414 15 ST W LEHIGH ACRES FL 33971

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T BOWERS, ROBERT	1.1 TITLE	
NAME	314 VERMONT WAY	1.2 NAME	
STREET ADDRESS	LEHIGH FL 33970-0159	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D PARKER, VERDIE	2.1 TITLE	
NAME	45 WILLIAMSON RD.	2.2 NAME	
STREET ADDRESS	FT MYERS FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D PATTERSON, JAMES	3.1 TITLE	
NAME	173 MORSE PLAZA	3.2 NAME	
STREET ADDRESS	FT MYERS FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D MORRISON, JAMES	4.1 TITLE	
NAME	305 MELODY CT.	4.2 NAME	
STREET ADDRESS	FT MYERS FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *[Signature]* 2/13/98 941-368-1505

CR2E037 (10/97)