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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **721994** **(2)**

1. Corporation Name

CHOCTAW BEACH FIRST BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
PERSIMMON ST ~~ROUTE BOX 128J~~ 263 Persimmon St FREEPORT FL 32439 US	PERSIMMON ST ~~RT. BOX 128J~~ 263 Persimmon St FREEPORT FL 32439 US

3. Date Incorporated or Qualified: **10/03/1971**
3a. Date of Last Report: **03/12/1996**

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

4. FEI Number: **59-6503118** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

TURNER, TRACY
JUNIPER ST.
RT. 1 BOX 128C
FREEPORT FL 32439

10. **Name and Address of New Registered Agent**

81 Name: Tracy Turner
82 Street Address (P.O. Box Number is Not Acceptable): 348 Juniper Drive
83
84 City: Freeport FL 85 Zip Code: 32439

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: Tracy Turner (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, MAX A		1.2 NAME	
STREET ADDRESS	14580 HWY. 20 W.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OVERTON, R. KLARA		2.2 NAME	
STREET ADDRESS	ROUTE ONE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BATES, DANIEL W		3.2 NAME	
STREET ADDRESS	RT. 1 BOX 125 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, ROBERT		4.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 128C		4.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: [signature] 1-26-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077549