


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722683 (0)

1. Corporation Name

WINKLER ROAD BAPTIST CHURCH, INC.



Principal Place of Business 5770 WINKLER ROAD FT MYERS FL 33919	Mailing Address 5770 WINKLER ROAD FT MYERS FL 33919
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3. Date Incorporated or Qualified 02/15/1972	3a. Date of Last Report 03/02/1995
4. FEI Number 59-1817886	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HUNTE, DAVID F. 307 SOUTH ROAD FT. MYERS FL 33907		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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COREY, ARTHUR	1.2 NAME	D Ryggs, Robert
STREET ADDRESS	8341 BEACON BLVD.	1.3 STREET ADDRESS	2249 Woodland Boulevard
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, Fla 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D Papotto, Angelo
NAME	WILLIAMS, CARLTON	2.2 NAME	412 Mercury Way
STREET ADDRESS	8637 CHATHAM STREET	2.3 STREET ADDRESS	Fort Myers, Florida 33908
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D McDonald, Charles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENDALL, JAMES	3.2 NAME	2165 Elkton Court
STREET ADDRESS	1439 GLICK STREET	3.3 STREET ADDRESS	Fort Myers, Florida 33907
CITY-ST-ZIP	N FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D Nunery, Richard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, ANIBAL	4.2 NAME	4325 Palm Tree Boulevard
STREET ADDRESS	2173 ELKTON COURT	4.3 STREET ADDRESS	Cape Coral, Florida 33904
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D Caery, Ray <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	22 Hanna Court
STREET ADDRESS		5.3 STREET ADDRESS	Fort Myers, Florida 33912
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:  **Arthur Corey** **3/10/96 (941) 481-2848**

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

CR2E037 (12/95)