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Mar 03 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 # 748336 (5)
1. Corporation Name
FIRST BAPTIST CHURCH OF LUTZ, LUTZ BAPTIST HOLDING CORPORATION, INC.



Principal Place of Business: 18116 US HWY 41 NORTH LUTZ FL 33549
Mailing Address: 18116 US HWY 41 NORTH LUTZ FL 33549-4473

3. Date Incorporated or Qualified: 08/02/1979
3a. Date of Last Report: 05/01/1996

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: 59-0838088
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
HANCOCK, GENE
18416 TIMBERLAN DR
LUTZ FL 33549

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: 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	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: HANCOCK, GENE	
STREET ADDRESS: 18416 TIMBERLAN DR	
CITY-ST-ZIP: LUTZ FL	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: HABER, LEE	
STREET ADDRESS: 16811 STANZA CT.	
CITY-ST-ZIP: TAMPA FL	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: MOORE, SALLY	
STREET ADDRESS: 17902 HANNA RD.	
CITY-ST-ZIP: LUTZ, FL 00000	
TITLE: TD	<input type="checkbox"/> DELETE
NAME: MEID, ED	
STREET ADDRESS: 18305 CYPRESS COVE RD.	
CITY-ST-ZIP: LUTZ, FL 00000	
TITLE: D	<input type="checkbox"/> DELETE
NAME: HALL, JIM	
STREET ADDRESS: 18306 SWAN LAKE DR.	
CITY-ST-ZIP: LUTZ FL	
TITLE: M	<input type="checkbox"/> DELETE
NAME: NALLS, HAZEL	
STREET ADDRESS: 908 TOMLINSON DR.	
CITY-ST-ZIP: LUTZ 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 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: *Edward H. Meid* Feb 18 1997 944-7495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045968

CR2E037 (9/96)