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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748701

1. Corporation Name
THE FIRST BAPTIST CHURCH OF PALMETTO, INC.

Principal Place of Business 1020 - 4TH STREET W PALMETTO FL 34221 US	Mailing Address P.O. BOX 426 PALMETTO FL 34220 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country 30 Zip Country	3. Date Incorporated or Qualified 08/29/1979 4. FEI Number 59-0766975 Applied For 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
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9. Name and Address of Current Registered Agent HERBERT, ARTHUR L 1020 4TH STREET WEST PALMETTO FL 34221	10. Name and Address of New Registered Agent 81 Name Dr. Michael B. Parris 82 Street Address (P.O. Box Number is Not Acceptable) 1020 4th Street West 83 84 City Palmetto FL 85 Zip Code 34221
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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 Dr. Michael B. Parris Dr. Michael B. Parris 1/20/99
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	VD WILLIAMS, EDWARD	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1632 CENTER RD	1.2 NAME	
STREET ADDRESS	TERRA CEIA FL 34250	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYD, JIM	2.2 NAME	Virgil Mills
STREET ADDRESS	4807 RIVERVIEW BLVD	2.3 STREET ADDRESS	3304 7th Street Cir. W.
CITY-ST-ZIP	BRADENTON FL 34209	2.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	CD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, PHILL	3.2 NAME	Jay Ellis
STREET ADDRESS	902 16TH AVE W	3.3 STREET ADDRESS	702 50th Street East
CITY-ST-ZIP	PALMETTO FL 34221	3.4 CITY-ST-ZIP	Bradenton, FL 34208
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURVIS, PAT	4.2 NAME	
STREET ADDRESS	1913-5TH ST., W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: Arthur L. Herbert 1/20/99 941-722-7795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)