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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767247 (0)
1. Corporation Name
FIRST BAPTIST CHURCH CITRUS PARK, INC.



Principal Place of Business 7705 GUNN HWY TAMPA FL 33625	Mailing Address 7705 GUNN HWY TAMPA FL 33625-3117
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3. Date Incorporated or Qualified 03/02/1983	3a. Date of Last Report 01/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1268217	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GRANT, JOHN A., JR., ESQ.
1411 N. WESTSHORE BLVD., #100
TAMPA FL 33607

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	SD	<input checked="" type="checkbox"/> DELETE
NAME	KERNS, JAMES	
STREET ADDRESS	9042 ALLEN CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOWLETT, JOE	
STREET ADDRESS	12708 CHE CHE PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, GEOFFREY	
STREET ADDRESS	9512 EDDINGS ROAD	
CITY-ST-ZIP	ODESSA FL	
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Leatherman, Gary	
1.3 STREET ADDRESS	16201 Armistead Lane	
1.4 CITY-ST-ZIP	Odessa, Florida 33556	
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: *Geoffrey E. Smith* GEOFFREY E. SMITH, PRES. 1/18/97 253-5321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048797

CR2E037 (9/96)