

**FILE NOW: FILING FEE IS \$61.25**

7 <b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>846343</b> (2) 1. Corporation Name <b>THE SUNDAY SCHOOL BOARD OF THE SOUTHERN BAPTIST CONVENTION, INC.</b>

12-1100-4523-950



Principal Place of Business <b>127 NINTH AVE. N. NASHVILLE TN 37234</b>	Mailing Address <b>127 NINTH AVE. N. NASHVILLE TN 37234</b>
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3. Date Incorporated or Qualified <b>06/27/1980</b>	3a. Date of Last Report <b>06/02/1995</b>
4. FEI Number <b>62-0505208</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent	
<b>RICHARDSON, WAYNE 1320 HENDRICKS AVE JACKSONVILLE FL FL 32207</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRAPER, JAMES T., JR.</b>	1.2 NAME	<b>700001746187</b>
STREET ADDRESS	<b>5806 GRANNY WHITE</b>	1.3 STREET ADDRESS	<b>-03/18/96--01022--004</b>
CITY-ST-ZIP	<b>BRENTWOOD TN</b>	1.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARREN, THEODORE R.</b>	2.2 NAME	<b>Jimmie B. Carter</b>
STREET ADDRESS	<b>200 SAUNDERS FERRY RD, UNIT 1207</b>	2.3 STREET ADDRESS	<b>108 Tudor Ct</b>
CITY-ST-ZIP	<b>HENDERSONVILLE TN</b>	2.4 CITY-ST-ZIP	<b>Franklin, TN 37067</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINNEY, NORMAN W.</b>	3.2 NAME	
STREET ADDRESS	<b>1721 DICKERSON BAY DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GALLATIN TN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Trustee</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADAMS, ROBERT V</b>	4.2 NAME	<b>Jean R. Adams</b>
STREET ADDRESS	<b>8094 WESTERN PINES DR</b>	4.3 STREET ADDRESS	<b>6004 41st Ave</b>
CITY-ST-ZIP	<b>DOUGLASVILLE GA</b>	4.4 CITY-ST-ZIP	<b>Hyattsville, Md 20782-3058</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Trustee</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, KAY</b>	5.2 NAME	<b>Rafael de Armas</b>
STREET ADDRESS	<b>1716 ROSE ARBOR</b>	5.3 STREET ADDRESS	<b>1809 E. Robinson</b>
CITY-ST-ZIP	<b>ST LOUIS MO</b>	5.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, DANNY</b>	6.2 NAME	
STREET ADDRESS	<b>561 McDONALD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INCLINE VILLAGE NV</b>	6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: Norman W. Finney Norman W. Finney 3-6-96 615/251-3860

3-15-1996