


FILE NOW: FILING FEE IS \$61.25

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

12-1100-4523-950



Principal Place of Business 127 NINTH AVE. N. NASHVILLE TN 37234	Mailing Address 127 NINTH AVE. N. NASHVILLE TN 37234
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 62-0505208	3. Date Incorporated or Qualified 06/27/1980	3a. Date of Last Report 06/02/1995
21	26	Applied For Not Applicable		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RICHARDSON, WAYNE 1320 HENDRICKS AVE JACKSONVILLE FL FL 32207		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, JAMES T., JR.	1.2 NAME	700001746187
STREET ADDRESS	5806 GRANNY WHITE	1.3 STREET ADDRESS	-03/18/96--01022--004
CITY-ST-ZIP	BRENTWOOD TN	1.4 CITY-ST-ZIP	***61.25
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, THEODORE R.	2.2 NAME	Jimmie B. Carter
STREET ADDRESS	200 SAUNDERS FERRY RD, UNIT 1207	2.3 STREET ADDRESS	108 Tudor Ct
CITY-ST-ZIP	HENDERSONVILLE TN	2.4 CITY-ST-ZIP	Franklin, TN 37067
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNEY, NORMAN W.	3.2 NAME	
STREET ADDRESS	1721 DICKERSON BAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GALLATIN TN	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, ROBERT V	4.2 NAME	Jean R. Adams
STREET ADDRESS	8094 WESTERN PINES DR	4.3 STREET ADDRESS	6004 41st Ave
CITY-ST-ZIP	DOUGLASVILLE GA	4.4 CITY-ST-ZIP	Hyattsville, Md 20782-3058
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, KAY	5.2 NAME	Rafael de Armas
STREET ADDRESS	1716 ROSE ARBOR	5.3 STREET ADDRESS	1809 E. Robinson
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DANNY	6.2 NAME	
STREET ADDRESS	561 McDONALD	6.3 STREET ADDRESS	
CITY-ST-ZIP	INCLINE VILLAGE NV	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: Norman W. Finney Norman W. Finney 3-6-96 615/251-3860

CR2E037 (12/95)

3-15-1996