

FILE NOW: FILING FEE IS \$61.25

V

FILED
May 20 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 # 846343 (2)

1. Corporation Name
THE SUNDAY SCHOOL BOARD OF THE SOUTHERN BAPTIST CONVENTION, INC.



Principal Place of Business 127 NINTH AVE. N. NASHVILLE TN 37234	Mailing Address 127 NINTH AVE. N. NASHVILLE TN 37203-3801
--	---

3. Date Incorporated or Qualified 06/27/1980	3a. Date of Last Report 03/15/1996
--	--

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
---	--

4. FEI Number 62-0505208	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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
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

**RICHARDSON, WAYNE
1320 HENDRICKS AVE
JACKSONVILLE FL FL 32207**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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	P <input type="checkbox"/> DELETE
NAME	DRAPER, JAMES T., JR.
STREET ADDRESS	5606 GRANNY WHITE
CITY-ST-ZIP	BRENTWOOD TN
TITLE	T <input type="checkbox"/> DELETE
NAME	CARTER, JIMMIERE R. B
STREET ADDRESS	108 TUDOR CT.
CITY-ST-ZIP	FRANKLIN TN 37067
TITLE	S <input type="checkbox"/> DELETE
NAME	FINNEY, NORMAN W.
STREET ADDRESS	1721 DICKERSON BAY DRIVE
CITY-ST-ZIP	GALLATIN TN
TITLE	T <input type="checkbox"/> DELETE
NAME	ADAMS, JEAN R
STREET ADDRESS	8004 41ST AVE.
CITY-ST-ZIP	HYATTSVILLE MD 20782-3058
TITLE	T <input type="checkbox"/> DELETE
NAME	DE ARMS, RAFAEL
STREET ADDRESS	1309 E. ROBINSON
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	T <input type="checkbox"/> DELETE
NAME	BELL, DANNY
STREET ADDRESS	561 MCDONALD
CITY-ST-ZIP	INCLINE VILLAGE NV

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: *Norman W. Finney* **Norman W. Finney** 4/10/97 615/251-3860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075530

CR2E037 (9/96)