


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 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 # N03654 (3)
1. Corporation Name
CENTRAL BAPTIST CHURCH OF THE HALIFAX AREA



Principal Place of Business C/O J. KERMIT COBLE 1025 VOLUSIA AVENUE, SUITE A DAYTONA BEACH FL 32114-3421	Mailing Address C/O J. KERMIT COBLE 1025 VOLUSIA AVENUE, SUITE A DAYTONA BEACH FL 32114
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21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 06/13/1984	3a. Date of Last Report 02/09/1996
4. FEI Number 59-0806964	Applied For <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COBLE, J. KERMIT
1025 VOLUSIA AVENUE
SUITE A
DAYTONA BEACH FL 32020**

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOSNEY, CLIFF	
STREET ADDRESS	% 1025 VOLUSIA AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAMRICK, H. POPE	
STREET ADDRESS	% 1025 VOLUSIA AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COMPTON, WALTER	
STREET ADDRESS	% 1025 VOLUSIA AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KENT, PEGGY	
STREET ADDRESS	% 1025 VOLUSIA AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert McDaniel	
1.3 STREET ADDRESS	% 1025 Volusia Ave	
1.4 CITY-ST-ZIP	Daytona Beach, FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James Hitson	
2.3 STREET ADDRESS	% 1025 Volusia Ave	
2.4 CITY-ST-ZIP	Daytona Beach, FL	
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Aiden Tozer	
3.3 STREET ADDRESS	% 1025 Volusia Ave	
3.4 CITY-ST-ZIP	Daytona Beach, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James Scott	
4.3 STREET ADDRESS	% 1025 Volusia Ave	
4.4 CITY-ST-ZIP	Daytona Beach, FL	
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.

CR2E037 (9/96)