

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

97 OCT -9 AM 11:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # NK5422
 1. Corporation Name
First Baptist Church of Navarre, Inc.

| | |
|---|---|
| Principal Place of Business <u>9336 Navarre Pkwy Navarre, Fl. 32566-2910</u> | Mailing Address <u>9336 Navarre Pkwy Navarre, Fl. 32566-2910</u> |
|---|---|

| | |
|---------------------------------------|------------------------------|
| 21 Principal Place of Business | 26 Mailing Address |
| 22 Suite, Apt #, etc. | 27 Suite, Apt #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 30 Country |

| | |
|---|--|
| 3. Date Incorporated or Qualified <u>6/16/86</u> | 3a. Date of Last Report <u>6/21/96</u> |
| 4. FEI Number <u>59-2478231</u> | 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 | | | | 10. Name and Address of New Registered Agent | | | |
| <u>Gary Lang</u> <u>2245 Fulva Dr.</u> <u>Navarre</u> <u>32566-2910, Fl. 32566</u> | | | | 81 Name | <u>Leslie Brooks</u> | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | <u>10088 Calle De Palencia</u> | | |
| | | | | 83 | | | |
| | | | | 84 City | <u>Navarre</u> | 85 State | <u>FL</u> |

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: Leslie Brooks (Typed Name) 10/1/97 (Date)

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|-----------------------------|-------------------------------------|
| TITLE | <u>D</u> | <input checked="" type="checkbox"/> |
| NAME | <u>Adams, Connie</u> | |
| STREET ADDRESS | <u>1910 Avenida Del Sol</u> | |
| CITY-ST-ZIP | <u>Navarre, Fl. 32566</u> | |
| TITLE | <u>D</u> | <input checked="" type="checkbox"/> |
| NAME | <u>Gary Lang</u> | |
| STREET ADDRESS | <u>2245 Fulva Dr.</u> | |
| CITY-ST-ZIP | <u>Navarre, Fl. 32566</u> | |
| TITLE | <u>VD</u> | <input checked="" type="checkbox"/> |
| NAME | <u>Jernigan, Mike</u> | |
| STREET ADDRESS | <u>8118 Laredo St.</u> | |
| CITY-ST-ZIP | <u>Navarre, Fl. 32566</u> | |
| TITLE | <u>SD</u> | <input checked="" type="checkbox"/> |
| NAME | <u>Clark, Toby</u> | |
| STREET ADDRESS | <u>8208 Sierra St.</u> | |
| CITY-ST-ZIP | <u>Navarre, Fl. 32566</u> | |
| TITLE | <u>D</u> | <input checked="" type="checkbox"/> |
| NAME | <u>Bivens, Russell E.</u> | |
| STREET ADDRESS | <u>621 Prado St.</u> | |
| CITY-ST-ZIP | <u>Navarre, Fl. 32566</u> | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--------------------------------|--------------------------|-------------------------------------|
| 1.1 TITLE | <u>P/D</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2 NAME | <u>Don Plank</u> | | |
| 1.3 STREET ADDRESS | <u>7234 Shearwater Dr.</u> | | |
| 1.4 CITY-ST-ZIP | <u>Navarre, Fl. 32566</u> | | |
| 2.1 TITLE | <u>V/D</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2 NAME | <u>James Lambeth</u> | | |
| 2.3 STREET ADDRESS | <u>1710 Sunny Oak St.</u> | | |
| 2.4 CITY-ST-ZIP | <u>Navarre, Fl. 32566</u> | | |
| 3.1 TITLE | <u>S/D</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.2 NAME | <u>Lavon Huff</u> | | |
| 3.3 STREET ADDRESS | <u>8465 Navarre Pkwy</u> | | |
| 3.4 CITY-ST-ZIP | <u>Navarre, Fl. 32566</u> | | |
| 4.1 TITLE | <u>T/D</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.2 NAME | <u>Leslie Brooks</u> | | |
| 4.3 STREET ADDRESS | <u>10088 Calle De Palencia</u> | | |
| 4.4 CITY-ST-ZIP | <u>Navarre, Fl. 32566</u> | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)(j), 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: Leslie Brooks (Typed Name) 10/1/97 (Date) (850) 273-9161 (Phone Number)

CR2E037 (9/96)

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