

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16875 (9)

1. Corporation Name

FIRST BAPTIST CHURCH OF DELRAY BEACH, FLORIDA



Principal Place of Business

Mailing Address

16333 SO. MILITARY TRAIL
DELRAY BEACH FL 33484-6628

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DELRAY BEACH FL 33484-6628

3. Date Incorporated or Qualified
09/19/1986

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-0760201

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, E. LEE
5308 GARFIELD RD
DELRAY BEACH FL 33484**

81 Name
Robert Baker

82 Street Address (P.O. Box Number is Not Acceptable)
2112 N. W. 1st Avenue

83

84 City
Delray Beach

FL

85 Zip Code
33444

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

Robert Baker

ROBERT BAKER

2/14/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, E. LEE	
STREET ADDRESS	5308 GARFIELD RD	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, ROBERT	
STREET ADDRESS	2112 N.W. 1ST AVE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PIGNATO, JAMES V.	
STREET ADDRESS	25C STRATFORD DR	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MC CLELLAN, RICHARD	
STREET ADDRESS	1375 SABEL LAKES	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GWYNN, CHARLES B.	
STREET ADDRESS	615 LAKE DRIVE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, BRUCE	
STREET ADDRESS	11-A ATRIUM CIRCLE	
CITY - ST - ZIP	ATLANTIS FL	

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Baker, Robert	
1.3 STREET ADDRESS	2112 N. W. 1st Avenue	
1.4 CITY - ST - ZIP	Delray Beach, FL 33444	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Moore, E. Lee	
2.3 STREET ADDRESS	5308 Garfield Road	
2.4 CITY - ST - ZIP	Delray Beach, FL 33484	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gwynn, Charles B.	
3.3 STREET ADDRESS	615 Lake Drive	
3.4 CITY - ST - ZIP	Delray Beach, FL 33444	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pignato, James V.	
4.3 STREET ADDRESS	25C Stratford Drive	
4.4 CITY - ST - ZIP	Boynton Beach, FL. 33436	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McClellan, Richard	
5.3 STREET ADDRESS	1375 Sabel Lakes	
5.4 CITY - ST - ZIP	Delray Beach, FL 33445	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Allen, Bruce	
6.3 STREET ADDRESS	11-A Atrium Circle	
6.4 CITY - ST - ZIP	Atlantis, FL. 33462	

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:

James V. Pignato **JAMES V. PIGNATO** **2/14/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)