

FILE NOW: FILING FEE IS \$61.25

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Apr 24 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 # N16875 (9)
1. Corporation Name
FIRST BAPTIST CHURCH OF DELRAY BEACH, FLORIDA



Principal Place of Business 16333 SO. MILITARY TRAIL DELRAY BEACH FL 33484-6628	Mailing Address 16333 SO. MILITARY TRAIL DELRAY BEACH FL 33484-6628
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3. Date Incorporated or Qualified 09/19/1986	3a. Date of Last Report 02/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-0760201	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" 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
BAKER, ROBERT
2112 NE 1ST AVE
DERAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name Mark Eckel
82 Street Address (P.O. Box Number is Not Acceptable) 640 N. W. 10th Court
83
84 City Boynton Beach
State FL
Zip Code 33426

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: *Mark Eckel* **Mark Eckel** **4-16-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE CD	<input type="checkbox"/> DELETE
NAME BAKER, ROBERT	
STREET ADDRESS 2112 NW 1ST AVE	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME MOORE, E LEE	
STREET ADDRESS 5308 GARFIELD RD	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME GWYNN, CHARLES B	
STREET ADDRESS 315 LAKE 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 type="checkbox"/> DELETE
NAME MCCLELLAN, RICHARD	
STREET ADDRESS 1375 SABEL LAKES	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Mark Eckel	
1.3 STREET ADDRESS 640 N. W. 10th Court	
1.4 CITY-ST-ZIP Boynton Beach, FL 33426	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Jeff McDougald	
2.3 STREET ADDRESS 6094 Linton Boulevard	
2.4 CITY-ST-ZIP Delray Beach, FL 33484	
3.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Charles B. Gwynn	
3.3 STREET ADDRESS 615 Lake Drive	
3.4 CITY-ST-ZIP Delray Beach, FL 33444	
4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME James V. Pignato	
4.3 STREET ADDRESS 25C Stratford Drive	
4.4 CITY-ST-ZIP Boynton Beach, FL 33436	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME David G. Friedley	
5.3 STREET ADDRESS 4063 Brandon Drive	
5.4 CITY-ST-ZIP Delray Beach, FL 33445	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Joe Moore	
6.3 STREET ADDRESS 6850 N. W. 2nd Avenue #6	
6.4 CITY-ST-ZIP Boca Raton, FL 33487	

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: X *[Signature]* **REQUIRED** **4-16-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044922

CPRE037 (9/96)