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Apr 18 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 # N21764 (8)
1. Corporation Name
FIRST BAPTIST CHURCH OF SANTA ROSA BEACH, INC.



Principal Place of Business HIGHWAY C393 SOUTH - PO BOX 1193 C/O HELEN M. HOLCOMB SANTA ROSA BEACH FL 32459	Mailing Address HIGHWAY C393 SOUTH - PO BOX 1193 C/O HELEN M. HOLCOMB SANTA ROSA BEACH FL 32459-1193
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3. Date Incorporated or Qualified 07/01/1987	3a. Date of Last Report 04/22/1996
4. FEI Number 59-1564092	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 checked="" type="checkbox"/> No	

21. Principal Place of Business Highway C393 South - P.O. 1193 Suite, Apt., etc.	26. Mailing Address Highway C393 South P.O. 1193 Suite, Apt., etc.
22. City & State Co Patricia A. Hull	27. City & State Co Patricia A. Hull
23. City & State Santa Rosa Beach, FL	28. City & State Santa Rosa Beach, FL
24. Zip 32459	25. Country Walton
29. Zip 32459	30. Country Walton

9. Name and Address of Current Registered Agent
**HOLCOMB, HELEN M.
HIGHWAY C393 SOUTH
PO BOX 1193
SANTA ROSA BEACH FL 32459**

10. Name and Address of New Registered Agent

81. Name Hull, Patricia A.
82. Street Address (P.O. Box Number is Not Acceptable) Highway C393 South
83. P.O. Box P.O. Box 1193
84. City Santa Rosa Beach
85. Zip Code FL 32459

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 **Patricia A. Hull** **Patricia A. Hull** **3-13-97**
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 PD	<input checked="" type="checkbox"/> DELETE
NAME BISHOP, VERNON R.	
STREET ADDRESS 714 BISHOP TOLBERT RD	
CITY-ST-ZIP SANTA ROSA BEACH FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME SCOTT, RHEAMS	
STREET ADDRESS 363 J.D. MILLER RD	
CITY-ST-ZIP SANTA ROSA BEACH FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME RAY, GERALD R.	
STREET ADDRESS 45 BAY MAGNOLIA LANE	
CITY-ST-ZIP SANTA ROSA BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 C/F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Hull, Ed	
1.3 STREET ADDRESS 67 Gulf Point Road	
1.4 CITY-ST-ZIP Santa Rosa Beach, FL 32459	
2.1 TITLE Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Harris, Ron	
2.3 STREET ADDRESS 90 Spooky Lane #5B	
2.4 CITY-ST-ZIP Santa Rosa Bch, FL 32459	
3.1 TITLE Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Kemp, Danny	
3.3 STREET ADDRESS Box 1330 NA	
3.4 CITY-ST-ZIP Santa Rosa Bch, FL 32459	
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: **Danny Kemp** **1-19-97** **904-6501552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0010290

CR2E037 (9/96)