


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N 93 00000 5253  
 1. Corporation Name  
**AIRPORT BAPTIST CHURCH, INC.**

Principal Place of Business <b>4930 DRANE FIELD RD. LAKELAND, FL 33811</b>	Mailing Address <b>SAME</b>
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3. Date Incorporated or Qualified

4. FEI Number <b>59-3221337</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**PRESTON L. HERRINGTON, PRESIDENT  
 4930 DRANE FIELD RD.  
 LAKELAND, FL 33811**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>FL</b>

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: *Preston L. Herrington* DATE: **5-15-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>PRESTON L. HERRINGTON</b>	
STREET ADDRESS	<b>4930 DRANE FIELD RD.</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33811</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>RONALD FELDMAN</b>	
STREET ADDRESS	<b>4930 DRANE FIELD RD.</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33811</b>	
TITLE	<b>SEC.</b>	<input type="checkbox"/> DELETE
NAME	<b>VERNA JEAN SHEARIN</b>	
STREET ADDRESS	<b>4930 DRANE FIELD RD.</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33811</b>	
TITLE	<b>TREAS.</b>	<input type="checkbox"/> DELETE
NAME	<b>ANGELA J. HERRINGTON</b>	
STREET ADDRESS	<b>4930 DRANE FIELD RD.</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33811</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>JANE RABSEY</b>	
STREET ADDRESS	<b>4930 DRANE FIELD RD.</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33811</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>DOROTHY O'ROURKE</b>	
STREET ADDRESS	<b>4930 DRANE FIELD RD.</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33811</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" 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	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, changed, or on an attachment with an address.

SIGNATURE: *Preston L. Herrington* DATE: **5-15-98** DAYTIME PHONE: **688-5569**

CR2E037 (10/97)