


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90008 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000005253

1. Corporation Name
AIRPORT BAPTIST CHURCH, INC.



Principal Place of Business
 4930 DRAINFIELD RD.
 LAKELAND FL 33811

Mailing Address
 4930 DRAINFIELD RD.
 LAKELAND FL 33811

21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number
22	City & State	27	City & State		Applied For
23	Zip	28	Country		Not Applicable
24	Country	29	Zip	5.	Certificate of Status Desired
25	Country	30	Country		\$8.75 Additional Fee Required
				6.	Election Campaign Financing Trust Fund Contribution
					\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HERRINGTON, PRESTON L 4930 DRAINFIELD RD. LAKELAND FL 33811		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
			FL
		85	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HERRINGTON, PRESTON L	1.1 TITLE	D Samuel Stover
NAME	4930 DRAINFIELD RD.	1.2 NAME	4815 S. Phippin Rd
STREET ADDRESS	LAKELAND FL 33811	1.3 STREET ADDRESS	Lakeland FL 33811
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP FELDMAN, RONALD	2.1 TITLE	D Katherine Quick
NAME	4930 DRAINFIELD RD.	2.2 NAME	615 Lakehurst St
STREET ADDRESS	LAKELAND FL 33811	2.3 STREET ADDRESS	Lakeland FL 33805
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	A SHEARIN, VERNA J	3.1 TITLE	D Mittie Golden
NAME	4930 DRAINFIELD RD.	3.2 NAME	615 Lakehurst St
STREET ADDRESS	LAKELAND FL 33811	3.3 STREET ADDRESS	Lakeland FL 33805
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T/S HERRINGTON, ANGELA J	4.1 TITLE	
NAME	4930 DRAINFIELD RD.	4.2 NAME	
STREET ADDRESS	LAKELAND FL 33811	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D RAMSEY, JANE	5.1 TITLE	
NAME	4930 DRAINFIELD RD.	5.2 NAME	
STREET ADDRESS	LAKELAND FL 33811	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V-Pres O'ROURKE, DOROTHY	6.1 TITLE	
NAME	4930 DRAINFIELD RD.	6.2 NAME	
STREET ADDRESS	LAKELAND FL 33811	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Angela Herrington* SIGNATURE REQUIRED: *Jan Dec* 7-8-99 (941) 6034693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0606043
CR2E037 (5/99)