

FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704907 (5)
 1. Corporation Name
SHERIDAN HILLS BAPTIST CHURCH, INC.



Principal Place of Business 3751 SHERIDAN STREET HOLLYWOOD FL 33021	Mailing Address 3751 SHERIDAN STREET HOLLYWOOD FL 33021-3614
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2. Principal Place of Business 21		2a. Mailing Address 28		3. Date Incorporated or Qualified 12/11/1962		3a. Date of Last Report 01/25/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1111743		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BILLINGSLEY, BILLY F 3751 SHERIDAN ST HOLLYWOOD FL 33021				10. Name and Address of New Registered Agent			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	1ST	NAME	LOWE, CHARLES, E.	1.1 TITLE	Treasurer Vice-President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			5131 MONROE ST.	1.2 NAME	Ronald Gossett		
CITY-ST-ZIP			HOLLYWOOD FL	1.3 STREET ADDRESS	3800 SW 56 Street		
TITLE	P	NAME	BILLINGSLEY, BILL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33312	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			3751 SHERIDAN ST.	2.1 TITLE			
CITY-ST-ZIP			HOLLYWOOD FL	2.2 NAME			
TITLE	V	NAME	COLEMAN, CLELL	2.3 STREET ADDRESS			
STREET ADDRESS			2118 N. 39TH AVE	2.4 CITY-ST-ZIP			
CITY-ST-ZIP			HOLLYWOOD FL	3.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	D	NAME	HODGES, PERRY W.	3.2 NAME	Oliver G. Locher		
STREET ADDRESS			3020 SW 56TH ST.	3.3 STREET ADDRESS	4201 N. Ocean Dr. #507		
CITY-ST-ZIP			FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Hollywood, FL 33019		
TITLE	D	NAME	DURRETT, CHARLES	4.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			6321 SW 6TH ST.	4.2 NAME	Dan Jones		
CITY-ST-ZIP			PLANTATION FL	4.3 STREET ADDRESS	2119 N. 40th Ave.		
TITLE	D	NAME	PINKERTON, COLVIN	4.4 CITY-ST-ZIP	Hollywood, FL 33021	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			1800 SW 67TH AVE.	5.1 TITLE	Director		
CITY-ST-ZIP			PLANTATION FL	5.2 NAME	Durrett, Charles		
				5.3 STREET ADDRESS	6321 SW 6th St.		
				5.4 CITY-ST-ZIP	Plantation, FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				6.1 TITLE	Director		
				6.2 NAME	Pinkerton, Colvin		
				6.3 STREET ADDRESS	1800 SW 67th Ave.		
				6.4 CITY-ST-ZIP	Plantation, FL		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(1), 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 _____ Bill Billingsley 4/12/97 954-961-4250

CR2E037 (9/96)