

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 700251 (2)
1. Corporation Name
FIRST BAPTIST CHURCH OF EATON PARK FLORIDA, INC

55 FEB - 1 PM 12:12

Principal Place of Business Mailing Address
2633 EATON AVE 2633 EATON AVE
P.O. BOX 217 P.O. BOX 217
EATON PARK FL 33840 EATON PARK FL 33840

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1959
3a. Date of Last Report 02/03/1994
4. FEI Number 59-1974679
Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
RYALS, RICHARD E
2633 EATON AVE
P O BOX 217
EATON PARK FL 33840

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIKEN, FLOYD	1.2 NAME	
STREET ADDRESS	3121 HUTCHINS ST, P O BOX 820	1.3 STREET ADDRESS	
CITY - ST - ZIP	EATON PARK FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORE, CHARLES	2.2 NAME	JAMES L. MESSER
STREET ADDRESS	3506 LORI LANE S	2.3 STREET ADDRESS	3045 FLETCHER AVE. P.O. BOX 372
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	EATON PARK, FL. 33840
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORE, KATHY	3.2 NAME	DONNA PETERSON
STREET ADDRESS	3506 LORI LANE S.	3.3 STREET ADDRESS	2008 LORI LANE WEST
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	LAKELAND, FL. 33801
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James L. Messer 1-28-95 813-665-6516
Date (Type/Print Name)