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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



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 33840-0217

3. Date Incorporated or Qualified 12/28/1959 3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1974679	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYALS, RICHARD E  
2633 EATON AVE  
P O BOX 217  
EATON PARK FL 33840

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	PD LEPRIAL, RON	1.1 TITLE	CFO James L. Messer
NAME	2141 DAWN HEIGHTS DRIVE	1.2 NAME	3049 Fletcher Ave
STREET ADDRESS	LAKELAND FL	1.3 STREET ADDRESS	Eaton Park, FL 33840
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD CRUCE, LANNIE	2.1 TITLE	TD
NAME	3315 TIMBERLINE ROAD W	2.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD PETERSON, DONNA	3.1 TITLE	SD Wanda Sharpe
NAME	2008 LORI LANE WEST	3.2 NAME	P.O. Box 1506 N/A
STREET ADDRESS	LAKELAND FL	3.3 STREET ADDRESS	Eaton Park, FL 33840
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *Lannie Cruce - Treasurer* 1-10-97 94-294-9124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053618

CR2E037 (9/96)