

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 700453 (4)

1. Corporation Name

FIRST BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

125 EAST PLANT STREET
~~P.O. BOX 771136~~
WINTER GARDEN FL 34777-1136

125 EAST PLANT STREET
~~P.O. BOX 771136~~
WINTER GARDEN FL 34777-1136

3. Date Incorporated or Qualified
02/15/1960

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 125 EAST PLANT STREET

26 125 EAST PLANT STREET

4. FEI Number
59-0839548

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

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

24 Zip 25 Country

29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAULKNER, WILLIAM H.
1681 SPRING RIDGE CIRCLE
WINTER GARDEN FL 34777-8136

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City WINTER GARDEN FL 85 Zip Code 34787-3128

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ATKINSON, WILLIAM C	
STREET ADDRESS	14113 LAKE TILDEN BLVD.	
CITY-ST-ZIP	WINTER GARDEN, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DICKERSON, GORDON	
STREET ADDRESS	275 VIRGINIA DR	
CITY-ST-ZIP	WINTER GARDEN, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FAULKNER, JR. W H	
STREET ADDRESS	1681 E. SPRING RIDGE CIR	
CITY-ST-ZIP	WINTER GARDEN, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VALENTINE, CHRISTOPHER L.	
STREET ADDRESS	1541 SPRINGRIDGE CIR	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SADLER, DOUGLAS	
STREET ADDRESS	HWY 438	
CITY-ST-ZIP	OAKLAND, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIMES, SAUL P	
STREET ADDRESS	1016 HULL ISLAND DR	
CITY-ST-ZIP	WINTER GARDEN FL	

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 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	

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 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:

William H. Faulkner, Jr. *William H Faulkner Jr.* 1/31/96 407-656-2352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)