


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90045 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 700453					
1. Corporation Name FIRST BAPTIST CHURCH, INC.					
Principal Place of Business 125 EAST PLANT STREET WINTER GARDEN FL 34777-1136 US			Mailing Address 125 EAST PLANT STREET WINTER GARDEN FL 34777-1136 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/15/1960	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0839548	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

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 34787				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ATKINSON, WILLIAM C			1.2 NAME			
STREET ADDRESS	14113 LAKE TILDEN BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN, FL 00000			1.4 CITY-ST-ZIP	Winter Garden, FL 34787-5402		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARREKER WALTER			2.2 NAME			
STREET ADDRESS	1419 COLUSO			2.3 STREET ADDRESS	Winter Garden, FL 34787-2113		
CITY-ST-ZIP	WINTER GARDEN, FL 00000			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FAULKNER, JR. W H			3.2 NAME			
STREET ADDRESS	1681 E. SPRING RIDGE CIR			3.3 STREET ADDRESS	Winter Garden, FL 34787-2170		
CITY-ST-ZIP	WINTER GARDEN, FL 00000			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SADLER, DOUGLAS			4.2 NAME			
STREET ADDRESS	HWY 438			4.3 STREET ADDRESS	Oakland, FL 34760-0235		
CITY-ST-ZIP	OAKLAND, FL 00000			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRIMES, SAUL P			5.2 NAME			
STREET ADDRESS	1016 HULL ISLAND DR			5.3 STREET ADDRESS	Winter Garden, FL 34787-9113		
CITY-ST-ZIP	WINTER GARDEN FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	T		
STREET ADDRESS				6.3 STREET ADDRESS	Dennis Gillard		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	114 Pennsylvania Avenue		
					Winter Garden, FL 34787		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)