

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700462 (5)

1. Corporation Name

THE FIRST BAPTIST CHURCH OF APOPKA, INC.

Principal Place of Business

Mailing Address

441 SOUTH HIGHLAND
APOPKA FL 32703

441 SOUTH HIGHLAND
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/13/1960
3a. Date of Last Report 04/27/1994

4. FEI Number 59-1197230
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMPTON, DEBRA H.
109 S. SHEELER AVE.
P-O BOX 255-
APOPKA FL 32703

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Delete P O Box address

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

Debra H. Compton
Signature, typed or printed name of registered agent only (if applicable)

Debra H. Compton, Secretary/Director

02-17-95

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BLACKWELDER, LARRY J.
STREET ADDRESS	424 E. SANDPIPER ST.
CITY - ST - ZIP	APOPKA FL
TITLE	D
NAME	JONES, MARK A.
STREET ADDRESS	1981 TINDARO DR.
CITY - ST - ZIP	APOPKA FL
TITLE	D
NAME	RICH, SARAH
STREET ADDRESS	31 MAGGIROE TRAIL
CITY - ST - ZIP	ZELLWOOD FL
TITLE	D
NAME	BROOKS, RON
STREET ADDRESS	239 E. TANGLEWILDE ST.
CITY - ST - ZIP	APOPKA FL
TITLE	T
NAME	HOOKS, STEVEN G.
STREET ADDRESS	878 HICKORY KNOLL COURT
CITY - ST - ZIP	APOPKA FL
TITLE	SD
NAME	COMPTON, DEBRA H.
STREET ADDRESS	109 S. SHEELER AVENUE
CITY - ST - ZIP	APOPKA 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOKINEN, NORMAN
2.3 STREET ADDRESS	1575 BELFAST COURT
2.4 CITY - ST - ZIP	APOPKA FL 32712
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 110.07(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:

J. Larry Blackwelder

J. Larry Blackwelder

02-17-95

407-774-7861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER