

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 # 700462 (5)
1. Corporation Name

THE FIRST BAPTIST CHURCH OF APOPKA, INC.



Principal Place of Business: 441 SOUTH HIGHLAND APOPKA FL 32703
Mailing Address: 441 SOUTH HIGHLAND APOPKA FL 32703

3. Date Incorporated or Qualified: 01/13/1960
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

City & State (23) City & State (28)

Zip (24) Country (25) Zip (29) Country (30)

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

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

9. Name and Address of Current Registered Agent
COMPTON, DEBRA H.
109 S. SHEELER AVE.
APOPKA FL 32703

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 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BLACKWELDER, LARRY J. 424 E. SANDPIPER ST. APOPKA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME PAGE, MICKEY 1.3 STREET ADDRESS 2374 MARDEN ROAD 1.4 CITY-ST-ZIP APOPKA FL 32703
TITLE	D JOKINEN, NORMAN 1575 BELFAST CT APOPKA FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	D RICH, SARAH 31 MAGGIORE TRAIL ZELLWOOD FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	D BROOKS, RON 239 E. TANGLEWILDE ST. APOPKA FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME JONES, MARK 4.3 STREET ADDRESS 1981 TINDARO DRIVE 4.4 CITY-ST-ZIP APOPKA FL 32703
TITLE	T HOOKS, STEVEN G. 876 HICKORY KNOLL COURT APOPKA FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T 5.2 NAME SULLIVAN, GORDON R. 5.3 STREET ADDRESS 1445 JAGUAR CIRCLE 5.4 CITY-ST-ZIP APOPKA FL 32703
TITLE	SD COMPTON, DEBRA H. 109 S. SHEELER AVENUE APOPKA FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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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: *Mickey Page*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-96 407-889-3229
Date Daytime Phone #

CR2E037 (12/95)