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FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32703-5339
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/13/1960	3a. Date of Last Report 04/09/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1197230	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 ALLEN BURNS 82 Street Address (P.O. Box Number is Not Acceptable) 1410 S. MINK DRIVE 83 84 City APOPKA FL 85 Zip Code 32703
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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: *Allen R. Burns* **4/6/97**
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, MICKEY	1.2 NAME	JOKINEN, NORMAN
STREET ADDRESS	2374 MARDEN ROAD	1.3 STREET ADDRESS	1575 BELFAST CT
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	APOPKA, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOKINEN, NORMAN	2.2 NAME	WAYNE SPOON
STREET ADDRESS	1575 BELFAST CT	2.3 STREET ADDRESS	812 EAST PEARL STREET
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	APOPKA, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, SARAH	3.2 NAME	
STREET ADDRESS	31 MAGGIORE TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MARK	4.2 NAME	
STREET ADDRESS	1981 TINDARO DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, GORDON R	5.2 NAME	BURNS, ALLEN R.
STREET ADDRESS	1445 JAGUAR CIRCLE	5.3 STREET ADDRESS	1410 S. MINK DRIVE
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	APOPKA, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPTON, DEBRA H.	6.2 NAME	DONATI, MARY L.
STREET ADDRESS	109 S. SHEELER AVENUE	6.3 STREET ADDRESS	1774 IROQUOIS DRIVE
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP	APOPKA, FL

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: *Allen R. Burns* **4/6/97** **407 556 2625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012884

CFR2E037 (9/96)