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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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3. Date Incorporated or Qualified 01/13/1960	3a. Date of Last Report 04/09/1996
4. FEI Number 59-1197230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
85 Zip Code FL 32703

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		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PAGE, MICKEY	
STREET ADDRESS	2374 MARDEN ROAD	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOKINEN, NORMAN	
STREET ADDRESS	1575 BELFAST CT	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICH, SARAH	
STREET ADDRESS	31 MAGGIORE TRAIL	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, MARK	
STREET ADDRESS	1981 TINDARO DRIVE	
CITY-ST-ZIP	APOPKA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, GORDON R	
STREET ADDRESS	1445 JAGUAR CIRCLE	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COMPTON, DEBRA H.	
STREET ADDRESS	109 S. SHEELER AVENUE	
CITY-ST-ZIP	APOPKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	JOKINEN, NORMAN		
1.3 STREET ADDRESS	1575 BELFAST CT		
1.4 CITY-ST-ZIP	APOPKA, FL		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	WAYNE SPOON		
2.3 STREET ADDRESS	812 EAST PEARL STREET		
2.4 CITY-ST-ZIP	APOPKA, FL		
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	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	BURNS, ALLEN R.		
5.3 STREET ADDRESS	1410 S. MINK DRIVE		
5.4 CITY-ST-ZIP	APOPKA, FL		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	DONATI, MARY L.		
6.3 STREET ADDRESS	1774 IROUOIS DRIVE		
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: *Debra H. Compton* **4/6/97** **407 586 2625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012884

CFR2E037 (9/96)