

FILE NOW: FILING FEE IS \$61.25

FILED

**Sep 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
01/13/1960

4. FEI Number
59-1197230

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**BURNS, ALLEN
1410 S MINK DR
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 _____ (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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOKINEN, NORMAN	1.2 NAME	PD
STREET ADDRESS	1575 BELFAST CT	1.3 STREET ADDRESS	RONALD ACRGG
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	1336 HILLWAY Rd
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SPOON, WAYNE	2.2 NAME	
STREET ADDRESS	812 E PEARL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
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 type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, ALLEN R.	5.2 NAME	
STREET ADDRESS	1410 S MINK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONATI, MARY L.	6.2 NAME	S
STREET ADDRESS	1774 IROQUOIS DR	6.3 STREET ADDRESS	DONNA PUTERBAUGH
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP	1318 BURGAT CT.

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.

SIGNATURE: *Donna Puterbaugh* August 30 1998 407-826-7622

CR2E037 (10/97)