

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90023 036 ****70.00

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DOCUMENT # 700462

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

586708-90023-36



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1] Suite, Apt. #, etc.		26] Suite, Apt. #, etc.		01/13/1960	
2] City & State		27] City & State		4. FEI Number	
3] Zip		28] Zip		59-1197230	
Country		Country		Applied For	
25] 29] 30]				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACREE, RONALD	1.2 NAME	D
STREET ADDRESS	1336 HILLWAY RD	1.3 STREET ADDRESS	PAUL FAIRCLOTH SR
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	600 E. 6th St Apopka, FL 32703
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTERBAUGH, DONNA	6.2 NAME	
STREET ADDRESS	1318 BOBCAT CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: RONALD ACREE *Ronald Acree*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-99 407-886-0831
Date Daytime Phone #

CR2E037 (5/99)