

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 # 700716 (4)

1. Corporation Name
FIRST BAPTIST CHURCH OF ELFERS, FLORIDA, INC.



Principal Place of Business: 4050 REDLEAF DR, PO BOX 98, ELFERS FL. 34680
Mailing Address: 4050 REDLEAF DR, PO BOX 98, ELFERS FL 34680

3. Date Incorporated or Qualified: 04/04/1960
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: 59-1359793
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**HARNES, CLYTEE
6705 HICKORYWOOD LANE
NEW PORT RICHEY FL 34852**

10. Name and Address of New Registered Agent (81-85) fields.

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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCINROY, EDWARD	
STREET ADDRESS	3326 W JACKSON DRIVE	
CITY - ST - ZIP	HOLIDAY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OFTEDAHL, LEROY	
STREET ADDRESS	6622 MILLSTONE DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRUZLEWSKI, RITA	
STREET ADDRESS	4223 NORCREST LANE	
CITY - ST - ZIP	NEW PT RICHEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, FRED M.	
STREET ADDRESS	4410 CANCELL STREET	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	BROWN, THOMAS	
STREET ADDRESS	4849 POMPANO DR	
CITY - ST - ZIP	NEW PT RICHEY, FL 0	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HARNES, CLYTEE	
STREET ADDRESS	5615 WESSON RD	
CITY - ST - ZIP	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Clytee Harnes* 4/29/96 813-849-6352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)