

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700716 (4)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF ELFERS, FLORIDA, INC.**



Principal Place of Business <b>4050 REDLEAF DR PO BOX 98 ELFERS FL. 34680</b>	Mailing Address <b>4050 REDLEAF DR PO BOX 98 ELFERS FL. 34680-0098</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/04/1960</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1359793</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HARNES, CLYTEE  
6705 HICKORYWOOD LANE  
NEW PORT RICHEY FL 34852**

5615 Wesson Rd.  
New Port Richey, Fl 34655

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	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCINROY, EDWARD</b>	1.2 NAME	
STREET ADDRESS	<b>3326 W JACKSON DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OFTEDAHL, LEROY</b>	2.2 NAME	
STREET ADDRESS	<b>6822 MILLSTONE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUZLEWSKI, RITA</b>	3.2 NAME	
STREET ADDRESS	<b>4223 NORCREST LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PT RICHEY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, FRED M.</b>	4.2 NAME	
STREET ADDRESS	<b>4410 CANCELL STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>4849 POMPANO DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PT RICHEY, FL 0</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARNES, CLYTEE</b>	6.2 NAME	
STREET ADDRESS	<b>5615 WESSON RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	6.4 CITY-ST-ZIP	

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: *Clytee Harness* **Clytee Harness** 4/30/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068529

CFR2E037 (9/96)