

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 # 700920 (2)
1. Corporation Name
FIRST BAPTIST CHURCH OF GULF BREEZE, INC.



Principal Place of Business: 555 FAIRPOINT DRIVE, GULF BREEZE FL 32561
Mailing Address: 555 FAIRPOINT DRIVE, GULF BREEZE FL 32561

3. Date Incorporated or Qualified: 05/05/1960
3a. Date of Last Report: 04/12/1995

21. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-6018377		Applied For	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent
REGISTER, JOHN F.
2812 OAK RIDGE DR.
GULF BREEZE FL 32561

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: D	NAME: PFEIFER, RON E. STREET ADDRESS: 3203 BAY STREET CITY-ST-ZIP: GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> DELETE	11 TITLE: D 12 NAME: Renfroe, Colin 13 STREET ADDRESS: 422 Surrey Drive 14 CITY-ST-ZIP: Gulf Breeze, FL 32561
TITLE: PD	NAME: REGISTER, JOHN F. J. STREET ADDRESS: 2812 OAK RIDGE DR. CITY-ST-ZIP: GULF BREEZE, FL 00000	<input type="checkbox"/> DELETE	21 TITLE: D 22 NAME: Register, John F. J. 23 STREET ADDRESS: 2522 Meek Street 24 CITY-ST-ZIP: Gulf Breeze, FL 32561
TITLE: SD	NAME: CARTER, TOM STREET ADDRESS: 141 HIGHPOINT DR. CITY-ST-ZIP: GULF BREEZE, FL 00000	<input type="checkbox"/> DELETE	31 TITLE: PD 32 NAME: Carter, Tom 33 STREET ADDRESS: 141 Highpoint Drive 34 CITY-ST-ZIP: Gulf Breeze, FL 32561
TITLE: VPD	NAME: BULLA, BILL STREET ADDRESS: 1335 STERLING PT DR CITY-ST-ZIP: GULF BREEZE, FL 00000	<input checked="" type="checkbox"/> DELETE	41 TITLE: SD 42 NAME: McGrather, Roger 43 STREET ADDRESS: 2908 Harbour Drive 44 CITY-ST-ZIP: Navarre, FL 32566
TITLE: D	NAME: WISE, FLOYD W STREET ADDRESS: 108 NORWICH DR CITY-ST-ZIP: GULF BREEZE FL	<input type="checkbox"/> DELETE	51 TITLE: VPD 52 NAME: Wise, Floyd W 53 STREET ADDRESS: 108 Norwich Drive 54 CITY-ST-ZIP: Gulf Breeze, FL 32561
TITLE: D	NAME: SWINDELL, JOHN STREET ADDRESS: 331 ANDREW JACKSON TRAIL CITY-ST-ZIP: GULF BREEZE FL	<input type="checkbox"/> DELETE	61 TITLE: _____ 62 NAME: _____ 63 STREET ADDRESS: _____ 64 CITY-ST-ZIP: _____

11 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE: SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE: VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tom M. Carter 4/3/96 904-934-1035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)