

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 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 # 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
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

3. Date Incorporated or Qualified 05/05/1960	
4. FEI Number 59-6018377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENFROE, COLIN	1.2 NAME	
STREET ADDRESS	422 SURREY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHEY, BILL	2.2 NAME	
STREET ADDRESS	1519 BAYWOODS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, TOM	3.2 NAME	SIDNEY D. TIMMONS, II
STREET ADDRESS	141 HIGHPOINT DRIVE	3.3 STREET ADDRESS	1209 CATHLEEN CIR.
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP	GULF BREEZE, FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, PETE	4.2 NAME	BILL BULLA
STREET ADDRESS	2820 OAK RIDGE	4.3 STREET ADDRESS	2963 BAY ST
CITY-ST-ZIP	GULF BREEZE FL	4.4 CITY-ST-ZIP	GULF BREEZE, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, JERRY	5.2 NAME	
STREET ADDRESS	1604-A GREENBRIAR PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWINDELL, JOHN	6.2 NAME	FLOYD WISE
STREET ADDRESS	331 ANDREW JACKSON TRAIL	6.3 STREET ADDRESS	108 NORWICH ST
CITY-ST-ZIP	GULF BREEZE FL	6.4 CITY-ST-ZIP	GULF BREEZE, FL

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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: *[Signature]* **4/27/98**

CR2E037 (10/97)