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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90101 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700920

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/05/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6018377
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RENFROE, COLIN	
STREET ADDRESS	422 SURREY DRIVE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITHEY, BILL	
STREET ADDRESS	1519 BAYWOODS RD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TIMMONS, SIDNEY D II	
STREET ADDRESS	1209 CATHLEEN CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VPB	<input type="checkbox"/> DELETE
NAME	BULLA, BILL	
STREET ADDRESS	2963 BAY STREET	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIMES, JERRY	
STREET ADDRESS	1604-A GREENBRIAR PKWY	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WISE, FLOYD	
STREET ADDRESS	108 NORWICH STREET	
CITY-ST-ZIP	GULF BREEZE FL 32561	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Swindell, Jr.	
1.3 STREET ADDRESS	331 Andrew Jackson Trail	
1.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
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 checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Darrell Forman	
5.3 STREET ADDRESS	2849 Whisper Bay Blvd	
5.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
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 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: *[Signature]* DATE: 3/3/99 (850) 932-2207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (11/98)