


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 701157 (0)</b> 1. Corporation Name <b>TRUSTEE CORPORATION OF THE PAXTON BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>PAXTON BAPTIST CHURCH</b> <b>21757 HWY 331 N</b> <b>PAXTON FL 32538</b> <b>US</b>			Mailing Address <b>PAXTON BAPTIST CHURCH</b> <b>P.O. BOX 1277</b> <b>PAXTON FL 32538-1277</b> <b>US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>07/01/1960</b>	
				3a. Date of Last Report <b>02/07/1996</b>	
				4. FEI Number <b>59-2624383</b>	
				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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BRASWELL, DERRY</b> <b>RT 2 BOX 867</b> <b>DEFUNIAK SPRINGS FL 32433</b>			10. Name and Address of New Registered Agent 81 Name <b>Derry Braswell</b> (Same) 82 Street Address (P.O. Box Number is Not Acceptable) <b>1175 County Rd 285 N.</b> <b>DeFuniak Springs, FL 32433</b> 84 City <b>FL</b> 85 Zip Code <b>32433</b>		
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	<b>D</b> <input type="checkbox"/> DELETE				
NAME	<b>SCHOFIELD, PAT</b>				
STREET ADDRESS	<b>BOX 414 CATAWBA AVE</b>				
CITY - ST - ZIP	<b>LOCKHART AL</b>				
TITLE	<b>P</b> <input type="checkbox"/> DELETE				
NAME	<b>BRASWELL, DERRY</b>				
STREET ADDRESS	<b>RT 2, BOX 867</b>				
CITY - ST - ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>				
TITLE	<b>D</b> <input type="checkbox"/> DELETE				
NAME	<b>SCHOFIELD, W.H.</b>				
STREET ADDRESS	<b>BOX 414 NA OSAGE ST.</b>				
CITY - ST - ZIP	<b>LOCKHART AL</b>				
TITLE	<b>D</b> <input type="checkbox"/> DELETE				
NAME	<b>SENN, BOBBY J</b>				
STREET ADDRESS	<b>ROUTE 2, BOX 868</b>				
CITY - ST - ZIP	<b>DE FUNIAK SPRINGS FL 32433</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	<b>Derry Braswell</b>				
2.3 STREET ADDRESS	<b>1175 Co. Rd. 285N.</b>				
2.4 CITY - ST - ZIP	<b>DeFuniak Spgs, FL 32433</b>				
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	<b>Bobby J. Senn</b>				
4.3 STREET ADDRESS	<b>215 Dean Rd</b>				
4.4 CITY - ST - ZIP	<b>DeFuniak Spgs, FL 32433</b>				
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 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.					
<b>SIGNATURE: Derry Braswell</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)