

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$100 (IF RECEIVED, EXCESSIVE AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 701933 (4)
 1. Corporation Name
FIRST BAPTIST CHURCH OF DESTIN FLORIDA INC.

Principal Place of Business Mailing Address
 201 BEACH DRIVE 201 BEACH DRIVE
 P O BOX 128 P O BOX 128
 DESTIN FL 32541 DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/21/1961 3a. Date of Last Report 01/31/1994
 4. FEI Number 59-2352093 Applied For Not Applicable
 5. Certificate of Status Desired \$0.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 PO Box 128
 22 City & State 27 Destin, FL
 23 Zip 28 32540 29 Country 30 USA

9. Name and Address of Current Registered Agent
 ANDERSON, JAMES B.
 745 BAYOU DR
 DESTIN FL 32541

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

TITLE	PD
NAME	ANDERSON, JAMES B.
STREET ADDRESS	745 BAYOU DR
CITY - ST - ZIP	DESTIN FL
TITLE	D
NAME	OWENS, DUDLEY
STREET ADDRESS	308 BEACH DR
CITY - ST - ZIP	DESTIN FL
TITLE	TD
NAME	READY, FRANK
STREET ADDRESS	518 KELLY ST.
CITY - ST - ZIP	DESTIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	PARIS, ALBERT
2.3 STREET ADDRESS	RT. 2 BOX 101
2.4 CITY - ST - ZIP	FREEPORT, FL 32459
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Frank Ready 7-6-95 904-837-6699
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12037 (3/95)