


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 22 1998 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

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



Principal Place of Business: **301 BEACH DRIVE; P O BOX 126 DESTIN FL 32541**  
Mailing Address: **P O BOX 128 DESTIN FL 32540 US**

3. Date Incorporated or Qualified: **01/21/1961**  
4. FEI Number: **59-2352093**  
Applied For:  Not Applicable:

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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:  
B1 Name: **Paris, Albert**  
B2 Street Address (P.O. Box Number is Not Acceptable): **18374 Hwy 331 S Rt. 2 Box 101**  
B3 City: **Freeport** FL B5 Zip Code: **32439**

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: *Albert Paris* DATE: **4/15/98**

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: ANDERSON, JAMES B.	STREET ADDRESS: 745 BAYOU DR	CITY-ST-ZIP: DESTIN FL	<input checked="" type="checkbox"/> DELETE
TITLE: PD	NAME: PARIS, ALBERT	STREET ADDRESS: RT 2 BOX 101	CITY-ST-ZIP: FREEPORT FL	<input type="checkbox"/> DELETE
TITLE: TD	NAME: READY, FRANK	STREET ADDRESS: 516 KELLY ST.	CITY-ST-ZIP: DESTIN FL	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: (T)	NAME: W.P. Horton	STREET ADDRESS: 365 Gulf Shore Dr. #5	CITY-ST-ZIP: Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *W.P. Horton* DATE: **4/15/98** 850-835-4153

CR2E037 (10/97)