

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702574 (5)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF NORTH PORT, FLORIDA, INC**

Principal Place of Business <b>8000 DOROTHY AVE NORTH PORT FL 34287</b>	Mailing Address <b>8000 DOROTHY AVE NORTH PORT FL 34287-1916</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/19/1961</b>	3a. Date of Last Report <b>02/27/1996</b>
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-1548275</b>	Applied For Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HOWARD, COSMAN 56 RAMBLEWOOD STREET PORT CHARLOTTE FL 33953</b>				10. Name and Address of New Registered Agent	
				81. Name <b>Milton King</b>	
				82. Street Address (P.O. Box Number is Not Acceptable) <b>18519 Blair Avenue</b>	
				83.	
				84. City <b>Port Charlotte</b>	85. Zip Code <b>FL 33948</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 Milton King **Milton King** 4-4-97  
(NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<b>HOWARD, COSMAN</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOWARD, COSMAN</b>		1.2 NAME <b>King, Milton</b>	
STREET ADDRESS <b>56 RAMBLEWOOD STREET</b>		1.3 STREET ADDRESS <b>18519 Blair Avenue</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL</b>		1.4 CITY-ST-ZIP <b>Port Charlotte, FL 33948</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	<b>WILLIAMSON, GARY</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME <b>WILLIAMSON, GARY</b>		2.2 NAME	
STREET ADDRESS <b>440 JUPER ST</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PORT CHARLOTTE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>MALLARD, JAMES</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MALLARD, JAMES</b>		3.2 NAME	
STREET ADDRESS <b>6344 SCORPIO AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH PORT FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>KING, MILTON</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KING, MILTON</b>		4.2 NAME <b>Markovich, Mike</b>	
STREET ADDRESS <b>18516 BLAIR AVE</b>		4.3 STREET ADDRESS <b>441 Veneta Avenue</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL</b>		4.4 CITY-ST-ZIP <b>Waym Mineral Springs, FL 34287</b>	
TITLE <b>D</b>	<b>STEELE, SAMUEL J</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEELE, SAMUEL J</b>		5.2 NAME	
STREET ADDRESS <b>7543 BERWICK STREET</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH PORT FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Milton King **Milton King** 4-4-97 (041) 742 7260

CR2E037 (9/96)