

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 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 # 702969 (7)**  
1. Corporation Name  
**THE FIRST BAPTIST CHURCH OF COLEMAN, INC.**



Principal Place of Business <b>1512 CENTRAL AVENUE P.O. BOX 421 COLEMAN FL 33521 US</b>	Mailing Address <b>P.O. BOX 421 1512 CENTRAL AVENUE COLEMAN FL 33521-0421 US</b>
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3. Date Incorporated or Qualified <b>10/04/1961</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-2350251</b>	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

**9. Name and Address of Current Registered Agent**

**HOLDEN, LINDA  
4766 CR 118  
WILDWOOD FL 34785**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *Linda Holden, Clerk/Treasurer* DATE: **2-18-97**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLDEN, LINDA</b>	
STREET ADDRESS	<b>4766 CR 118</b>	
CITY-ST-ZIP	<b>WILDWOOD FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WADE, FRANK</b>	
STREET ADDRESS	<b>N MIZELL STREET</b>	
CITY-ST-ZIP	<b>COLEMAN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COLVIN, FRANK</b>	
STREET ADDRESS	<b>US 301</b>	
CITY-ST-ZIP	<b>COLEMAN FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 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 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: *Linda M. Holden* DATE: **2-18-97** TELEPHONE: **352-743-3801**

CR2E037 (9/96)