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Mar 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 703177 (6)  
1. Corporation Name  
FIRST BAPTIST CHURCH OF INVERNESS, INC.



Principal Place of Business: 123 SOUTH SEMINOLE AVENUE, INVERNESS FL 34452-4735 US  
Mailing Address: 123 SOUTH SEMINOLE AVENUE, INVERNESS FL 34452-4735 US

3. Date Incorporated or Qualified: 11/13/1961  
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 59-1265586  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
MEAHL, CALVIN  
GOSPEL ISLAND  
INVERNESS FL 32650

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 617.0502, Florida Statutes.  
SIGNATURE: Calvin B. Meahl  
DATE: March 12 1997

12. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> DELETE
NAME	DAVIS, CAROL B
STREET ADDRESS	BOX 454 MOCASSIN S
CITY-ST-ZIP	INVERNESS, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, EDGAR E
STREET ADDRESS	WATSON RD
CITY-ST-ZIP	INVERNESS, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	ADKINS, C. BERNARD
STREET ADDRESS	501 WHISPERING PINES BLVD
CITY-ST-ZIP	INVERNESS FL
TITLE	P <input type="checkbox"/> DELETE
NAME	MEAHL, CALVIN
STREET ADDRESS	E ALLEN POINT RD
CITY-ST-ZIP	INVERNESS, FL 00000
TITLE	O <input type="checkbox"/> DELETE
NAME	SUKUT, ARLYN A.
STREET ADDRESS	9236 E GOSPEL ISLAND RD
CITY-ST-ZIP	INVERNESS, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	LOOMIS, HOMER
STREET ADDRESS	HUNTING LODGE DR
CITY-ST-ZIP	INVERNESS, FL 00000

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1114 South Otto Point
4.4 CITY-ST-ZIP	Inverness FL 34450
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.

Calvin B. Meahl, President March 12 1997

CR2E037 (9/96)