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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703177 (6)
 1. Corporation Name
FIRST BAPTIST CHURCH OF INVERNESS, INC.



Principal Place of Business 123 SOUTH SEMINOLE AVENUE INVERNESS FL 34432-4735 US	Mailing Address 123 SOUTH SEMINOLE AVENUE INVERNESS FL 34432-4735 US
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3. Date Incorporated or Qualified 11/13/1961		
4. FEI Number 59-1265586	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MEHL, CALVIN
 GOSPEL ISLAND
 INVERNESS FL 32650**

10. Name and Address of New Registered Agent

81 Name	ADKINS, CHARLES B.
82 Street Address (P.O. Box Number is Not Acceptable)	501 Whispering Pines Blvd
83 City	Inverness
84 State	FL
85 Zip Code	34453

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 *[Signature]* DATE **4-20-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE
NAME	DAVIS, EDGAR E	
STREET ADDRESS	WATSON RD	
CITY-ST-ZIP	INVERNESS, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ADKINS, C. BERNARD	
STREET ADDRESS	501 WHISPERING PINES BLVD	
CITY-ST-ZIP	INVERNESS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MEHL, CALVIN	
STREET ADDRESS	1114 SOUTH OTTO POINT	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JORDAN, CLARICE
2.3 STREET ADDRESS	1860 E. Mandarin Terrace
2.4 CITY-ST-ZIP	Inverness, FL 34450
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SULLIVAN, JOHN D
3.3 STREET ADDRESS	808 W. Dampier
3.4 CITY-ST-ZIP	Inverness, FL 34450
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ADKINS, CHARLES B.
4.3 STREET ADDRESS	501 Whispering Pines Blvd
4.4 CITY-ST-ZIP	Inverness, FL 34453
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BRECKENRIDGE, OGDEN
5.3 STREET ADDRESS	309 Hemlock
5.4 CITY-ST-ZIP	Inverness, FL 34452
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 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: *[Signature]* DATE: **4-20-98**

CR2E037 (10/97)