

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703712 (0)
1. Corporation Name
THE FIRST BAPTIST CHURCH OF APOLLO BEACH, INC.



Principal Place of Business 202 FLAMINGO DR. APOLLO BEACH FL 33572	Mailing Address 202 FLAMINGO DR. APOLLO BEACH FL 33572-2620
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3. Date Incorporated or Qualified 03/13/1962	3a. Date of Last Report 02/26/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 36-2154972	Applied For Not Applicable
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
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 GROVES, NORMAN J. 6305 FAIRFIELD LANE APOLLO BEACH FL 33570				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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE Director D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GROVES, NORMAN J		1.2 NAME Krause, Ron	
STREET ADDRESS 6305 FAIRFIELD LANE		1.3 STREET ADDRESS 11825 Cedarfield Drive	
CITY-ST-ZIP APOLLO BEACH FL		1.4 CITY-ST-ZIP Riverview, FL 33569	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EGGLETON, CHARLES		2.2 NAME	
STREET ADDRESS 1715 COCO PALM CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIER, WILLIAM		3.2 NAME	
STREET ADDRESS 1208 110TH ST EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAMBRELL, ROBERT E		4.2 NAME	
STREET ADDRESS 6013 FLORIDA CIR S		4.3 STREET ADDRESS	
CITY-ST-ZIP APOLLO BCH FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEORGE, ROBERT		5.2 NAME	
STREET ADDRESS 504 GOLF N SEA BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP APOLLO BCH FL		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)(l), 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: Robert E. Gambrell, Treasurer 1-4-97 (813) 645-1409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046364

CP2E037 (9/96)