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Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90003 021 *****70.00

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 703957

1. Corporation Name
FLORIDA BAPTIST SCHOOLS, INC.

Principal Place of Business	Mailing Address
506 SOUTH OAKWOOD AVENUE P.O. BOX 2758 BRANDON FL 33509	506 SOUTH OAKWOOD AVENUE P.O. BOX 2758 BRANDON FL 33509



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/26/1962
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7202810
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>
24	25	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIRKLAND, H.R. 712 DEW BLOOM ROAD BRANDON FL 33511	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURGEL, DAVID G	1.2 NAME	
STREET ADDRESS	104 ELAINE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	
TITLE	STR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, HAROLD	2.2 NAME	
STREET ADDRESS	2032 PARKER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, TIM E	3.2 NAME	
STREET ADDRESS	1310 NE 2ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, H.R.	4.2 NAME	
STREET ADDRESS	712 DEW BLOOM ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	4.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, LARRY N	5.2 NAME	
STREET ADDRESS	1906 NICHOLS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA 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 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, with all other like empowered.

SIGNATURE: *H.R. Kirkland*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 684-1389
 Date _____ Daytime Phone # _____

CR2E037 (1/198)