

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **704028** (0)

1. Corporation Name

FIRST BAPTIST CHURCH OF COTTONDALE, INC.



Principal Place of Business	Mailing Address
POST OFFICE BOX 128 MAIN AND PARK STREET COTTONDALE FL 32431	POST OFFICE BOX 128 MAIN AND PARK STREET COTTONDALE FL 32431

3. Date Incorporated or Qualified 05/11/1962	3a. Date of Last Report 03/15/1995
4. FEI Number 59-2326155	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

JOHNS, DON
2583 DOGWOOD DR.
P. O. BOX 341
COTTONDALE FL 32431

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 Don Johns DATE 3-11-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YON, HILTON	
STREET ADDRESS	2750 WHY. 231	
CITY-ST-ZIP	COTTONDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JACKSON, NORWOOD	
STREET ADDRESS	2599 DOGWOOD DRIVE	
CITY-ST-ZIP	COTTONDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REGISTER, ELTON	
STREET ADDRESS	2643 MILTON STREET	
CITY-ST-ZIP	COTTONDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNS, DON	
STREET ADDRESS	2583 DOGWOOD DRIVE	
CITY-ST-ZIP	COTTONDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIESNER, BRUCE	
STREET ADDRESS	2886 BUTTERCUP LANE	
CITY-ST-ZIP	COTTONDALE FL	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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: Don Johns DATE 3-11-96 DAYTIME PHONE # 904-352-4245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)