


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <i>Sandra R. Bartholomew</i> Secretary DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 704189 (0)**

1. Corporation Name  
**FIRST BAPTIST CHURCH OF OZONA-PALM HARBOR, INC.**

Principal Place of Business <b>610 PENNSYLVANIA AVE P.O. BOX 338 OZONA FL 34660</b>	Mailing Address <b>610 PENNSYLVANIA AVE P.O. BOX 338 OZONA FL 34660-0338</b>
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/18/1962</b>	3a. Date of Last Report <b>04/24/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2125607</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCDONALD, DOUGLAS 611 PENN AVE OZONA FL 34660</b>		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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D. T. JOHNSON, CLAYTON</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>412 ULELAH AVENUE</b>	1.2 NAME	
STREET ADDRESS	<b>PALM HARBOR FL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<b>DS POLASKI, WILLIAM</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2039 CURLEW ROAD</b>	2.2 NAME	
STREET ADDRESS	<b>PALM HARBOR FL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<b>D FAIR, WILLIE V.</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>40 BAY STREET</b>	3.2 NAME	
STREET ADDRESS	<b>OZONA FL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<b>T Neal Campbell, Jr</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1863 Arbor Dr. S.</b>	4.2 NAME	
STREET ADDRESS	<b>Palm Harbor, Fl 34683</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<b>T Earl B. BAIR</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2821 Shelly Dr.</b>	5.2 NAME	
STREET ADDRESS	<b>Palm Harbor, Fl 34684</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<b>PASTOR DOUGLAS A. MCDONALD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1644 ST CATHERINE W.</b>	6.2 NAME	
STREET ADDRESS	<b>DUNEDIN, FL 34698</b>	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)(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 of this report or on an attachment with an affidavit.

SIGNATURE *Douglas McDonald*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DOUGLAS MCDONALD** Date **1-15-97** Daytime Phone # **0069535**

CR2E037 (9/96)