

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 # 704679 (0)

1. Corporation Name:
FLORIDA BAPTIST FAMILY MINISTRIES, INC.



Principal Place of Business: 1015 SIKES BLVD LAKELAND FL 33801-1499
Mailing Address: 1015 SIKES BLVD LAKELAND FL 33801-1499

3. Date Incorporated or Qualified: 10/18/1962
3a. Date of Last Report: 03/28/1995

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

4. FEI Number: 59-0657326
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, RICHARD
1310 ROBINHOOD LN
LAKELAND FL 33803

81 Name: Charles Hodges
82 Street Address (P.O. Box Number is Not Acceptable): 2229 Flaming Arrow Drive
83
84 City: Lakeland FL 85 Zip Code: 33813

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: *Charles F. Hodges*
Signature, typed or printed name of registered agent at Title, Block 13

3/25/96
Date of Appointment (Date)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HAHN, JAMES	
STREET ADDRESS	538 LAKE HOLLINGSWORTH	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MASON, DOUG	
STREET ADDRESS	844 FOREST GIEN RD.	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MCLAUCHLIN, PATTI	
STREET ADDRESS	P.O. BOX 5748 N/A	
CITY-ST-ZIP	KEY WEST FL 33045	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HODGES, CHARLES	
STREET ADDRESS	2229 FLAMING ARROW DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PARKER, LORI	
STREET ADDRESS	9707 PLEASANT RUN WAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	300001763773		
3.4 CITY-ST-ZIP	-04/01/96--01014--008		
4.1 TITLE	***70.00	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	VP & T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Steven P. Johnston		
5.3 STREET ADDRESS	1727 Seneca Avenue		
5.4 CITY-ST-ZIP	Lakeland, FL 33801		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(k), 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 in an attachment with an address.

SIGNATURE: *Steven P. Johnston* Steven P. Johnston 2-1-96 (941) 687-8811
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)

m.m.
3-29-96