

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 704679 (0)**  
1. Corporation Name  
**FLORIDA BAPTIST FAMILY MINISTRIES, INC.**



Principal Place of Business <b>1015 SIKES BLVD LAKELAND FL 33801-1499</b>	Mailing Address <b>1015 SIKES BLVD LAKELAND FL 33815-4499</b>
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3. Date Incorporated or Qualified <b>10/18/1962</b>	3a. Date of Last Report <b>03/29/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 P.O. Box 8190</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28 Lakeland, FL</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>29 33802</b>	Country <b>30</b>

4. FEI Number <b>59-0657326</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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  
**HODGES, CHARLES  
2229 FLAMING ARROW DRIVE  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent  
**81 Name Hodges, Charles  
82 Street Address (P.O. Box Number is Not Acceptable)  
3803 Old Hwy 37, #127  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hahn, James</b>	1.2 NAME	
STREET ADDRESS	<b>538 LAKE HOLLINGSWORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mason, Doug</b>	2.2 NAME	
STREET ADDRESS	<b>844 FOREST GIEN RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	2.4 CITY-ST-ZIP	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCLAUCHLIN, PATTI</b>	3.2 NAME	<b>Jolly, Lawson</b>
STREET ADDRESS	<b>P.O. BOX 5748 N/A</b>	3.3 STREET ADDRESS	<b>8588 Belle Meadow Blvd.</b>
CITY-ST-ZIP	<b>KEY WEST FL 33045</b>	3.4 CITY-ST-ZIP	<b>Pensacola, FL 32514</b>
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hodges, Charles</b>	4.2 NAME	<b>Hodges, Charles</b>
STREET ADDRESS	<b>2229 FLAMING ARROW DR.</b>	4.3 STREET ADDRESS	<b>3803 Old Hwy 37, #127</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	4.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Parker, Lori</b>	5.2 NAME	
STREET ADDRESS	<b>9707 PLEASANT RUN WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	5.4 CITY-ST-ZIP	
TITLE	VP/T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Johnston, Steven P</b>	6.2 NAME	
STREET ADDRESS	<b>1727 SENECA AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven Johnston* Steven Johnston (941)687-8811

CR2E037 (9/96)