

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>PO BOX 8190 LAKELAND FL 33813 US</b>
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3. Date Incorporated or Qualified  
**10/18/1962**

4. FEI Number  
**59-0657326**

Applied For	
Not Applicable	

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Suite, Apt. #, etc.  
**22**

City & State  
**23**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HODGES, CHARLES  
 3803 OLD HIGHWAY 37  
 #127  
 LAKELAND FL 33813**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAHN, JAMES	1.2 NAME	Rafferty, Everett
STREET ADDRESS	538 LAKE HOLLINGSWORTH	1.3 STREET ADDRESS	5481 Briarcliff Road
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	Ft. Myers, FL 33912
TITLE	VCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASON, DOUG	2.2 NAME	Grigsby, Nancy
STREET ADDRESS	844 FOREST GIEN RD.	2.3 STREET ADDRESS	1740 Bolton Village Ln.
CITY-ST-ZIP	CLEARWATER FL 34625	2.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	VCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOLLY, LAWSON	3.2 NAME	Thomas, Dale
STREET ADDRESS	8588 BELLE MEADOW BLVD	3.3 STREET ADDRESS	130 Lost Bridge Drive
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, CHARLES	4.2 NAME	
STREET ADDRESS	3803 OLD HIGHWAY 37, # 127	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	VP/T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, STEVEN P	5.2 NAME	
STREET ADDRESS	1727 SENEGA AVENUE	5.3 STREET ADDRESS	225 E. Egewood Dr., #121
CITY-ST-ZIP	LAKELAND FL 33801	5.4 CITY-ST-ZIP	Lakeland, FL 33801
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.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED** Steven Johnston 1/30/98 (941) 687-8811

CR2E037 (10/97)