


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 12, 1999 8:00 am
Secretary of State

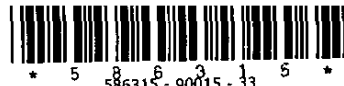
07-12-1999 90015 033 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704679

1. Corporation Name
FLORIDA BAPTIST FAMILY MINISTRIES, INC.

Principal Place of Business 1015 SIKES BLVD LAKELAND FL 33801-1499	Mailing Address PO BOX 8190 LAKELAND FL 33813 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/18/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0657326
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAFFERTY, EVERETT		1.2 NAME James P. Hahn	
STREET ADDRESS 5481 BRIARCLIFF RD		1.3 STREET ADDRESS P.O. Box 38	
CITY-ST-ZIP FT MYERS FL 33912		1.4 CITY-ST-ZIP Lakeland, FL 33802	
TITLE VCD	<input type="checkbox"/> DELETE	2.1 TITLE VCD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIGSBY, NANCY		2.2 NAME Dan Saltsman	
STREET ADDRESS 1740 BOLTON VILLAGE LN		2.3 STREET ADDRESS 7459 Hazelnut Drive	
CITY-ST-ZIP NICEVILLE FL 32578		2.4 CITY-ST-ZIP Webster, FL 33597	
TITLE VCD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME THOMAS, DALE		3.2 NAME Dan Saltsman	
STREET ADDRESS 130 LOST BRIDGE DR		3.3 STREET ADDRESS 7459 Hazelnut Drive	
CITY-ST-ZIP PALM BCH GDNS FL 33410		3.4 CITY-ST-ZIP Webster, FL 33597	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HODGES, CHARLES		4.2 NAME HODGES, CHARLES	
STREET ADDRESS 3803 OLD HIGHWAY 37, # 127		4.3 STREET ADDRESS 3803 OLD HIGHWAY 37, # 127	
CITY-ST-ZIP LAKELAND FL		4.4 CITY-ST-ZIP LAKELAND FL	
TITLE VP/T	<input type="checkbox"/> DELETE	5.1 TITLE VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSTON, STEVEN P		5.2 NAME JOHNSTON, STEVEN P	
STREET ADDRESS 225 E EDGEWOOD DR #121		5.3 STREET ADDRESS 225 Sylvester	
CITY-ST-ZIP LAKELAND FL 33801		5.4 CITY-ST-ZIP Lakeland, FL 33802	
TITLE VE	<input type="checkbox"/> DELETE	6.1 TITLE VE	<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	

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **7-1-99** **941-687-8811**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)