

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PH 4: 14

DOCUMENT # 704711 (1)
1. Corporation Name
FIRST BAPTIST CHURCH OF FERNANDINA, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
416 ALACHUA STREET POST OFFICE BOX 1099 FERNANDINA BEACH FL 32035 US		416 ALACHUA STREET POST OFFICE BOX 1099 FERNANDINA BEACH FL 32035 US		10/24/1962	01/24/1994
2. Principal Place of Business		2a. Mailing Address		4. FBI Number	Applied For / Not Applicable
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		59-0931262	
22. City & State		27. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country		29. Country		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
25. Country		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIS, BEVERLY S. 416 ALACHUA STREET FERNANDINA BEACH FL 32034		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	P
NAME	SARR, GEORGE X	1.2 NAME	Hugh Stone
STREET ADDRESS	108 SOUTH 20TH STREET X	1.3 STREET ADDRESS	P. O. Box 695 N/A
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	Fernandina Beach, FL 32035
TITLE	VP	2.1 TITLE	VP
NAME	GODDING, JOE	2.2 NAME	Steve Simmons
STREET ADDRESS	1815 HIGHLAND STREET X	2.3 STREET ADDRESS	1822 Highland Drive
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	D	3.1 TITLE	D
NAME	SIMMONS, BEVEE	3.2 NAME	Clarence Geiger
STREET ADDRESS	1822 HIGHLAND DRIVE X	3.3 STREET ADDRESS	1627 Calhoun Street
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	D	4.1 TITLE	D
NAME	DUNNAN, JAMES K X	4.2 NAME	Doug Allen
STREET ADDRESS	516 ALACHUA STREET X	4.3 STREET ADDRESS	205 South 19th Street
CITY-ST-ZIP	FERNANDINA BEACH FL X	4.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	T	5.1 TITLE	
NAME	FLOYD, PHIL S.	5.2 NAME	
STREET ADDRESS	1512 ATLANTIC AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	WILLIS, BEVERLY S	6.2 NAME	
STREET ADDRESS	416 ALACHUA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beverly S. Willis* 1-12-95 904-261-3617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)