

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sallyra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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



Principal Place of Business: 416 ALACHUA STREET, POST OFFICE BOX 1099, FERNANDINA BEACH FL 32035 US
Mailing Address: 416 ALACHUA STREET, POST OFFICE BOX 1099, FERNANDINA BEACH FL 32035 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 10/24/1962
3a. Date of Last Report: 01/27/1995
4. FEI Number: 59-0931262
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: WILLIS, BEVERLY S., 416 ALACHUA STREET, FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent: 81 Name: DAVID H. BECKHAM, 82 Street Address: 416 ALACHUA STREET, 84 City: FERNANDINA BEACH FL, 85 Zip Code: 32034

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: *David H. Beckham* (Signature of registered agent and title if applicable) / *David H. Beckham* (NOTE: Registered Agent signature required when registering) / 1/31/96 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, HUGH	1.2 NAME	
STREET ADDRESS	P. O. BOX 695	1.3 STREET ADDRESS	N/A
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, STEVE	2.2 NAME	
STREET ADDRESS	1822 HIGHLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, CLARENCE	3.2 NAME	
STREET ADDRESS	1627 CALHOUN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, DOUG	4.2 NAME	400001859094
STREET ADDRESS	205 SOUTH 19TH STREET	4.3 STREET ADDRESS	-06/12/96--01018--001
CITY-ST-ZIP	FERNANDINA BEACH FL	4.4 CITY-ST-ZIP	***70.00
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIS, BEVERLY S	6.2 NAME	BECKHAM, DAVID H.
STREET ADDRESS	416 ALACHUA STREET	6.3 STREET ADDRESS	416 ALACHUA STREET
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	6.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034

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 on an attachment with an address.

SIGNATURE: *David H. Beckham* / *David H. Beckham* / 1/31/96 / 904-261-3617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E037 (12/95)