

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32035-1099 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/24/1962	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 59-0931262	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BECKHAM, DAVID H. 416 ALACHUA STREET FERNANDINA BEACH FL 32034	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	
	FL	85 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 _____ 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, HUGH	1.2 NAME	TOMLINSON, CHARLES
STREET ADDRESS	P. O. BOX 695 (N/A)	1.3 STREET ADDRESS	1889 LAKESIDE DRIVE
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, STEVE	2.2 NAME	MOORE, FAY
STREET ADDRESS	1822 HIGHLAND DRIVE	2.3 STREET ADDRESS	1632 ALACHUA STREET
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, CLARENCE	3.2 NAME	SMITH, ALVIN
STREET ADDRESS	1627 CALHOUN STREET	3.3 STREET ADDRESS	3688 CHANDLER LANE
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	VILLEE, FL 32097
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, DOUG	4.2 NAME	COKER, GENE
STREET ADDRESS	205 SOUTH 19TH STREET	4.3 STREET ADDRESS	4245 EAST S.R. 200
CITY-ST-ZIP	FERNANDINA BEACH FL	4.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	T <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKHAM, DAVID H.	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 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: *David H. Beckham* 4/24/97 904-261-3617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)