

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 US
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3. Date Incorporated or Qualified 10/24/1962		
4. FEI Number 59-0931262	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BECKHAM, DAVID H.
416 ALACHUA STREET
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T
NAME	TOMLINSON, CHARLES	1.2 NAME	WATSON, WILLIE
STREET ADDRESS	1889 LAKESIDE DRIVE	1.3 STREET ADDRESS	329 STANLEY DRIVE
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	T	2.1 TITLE	T
NAME	MOORE, FAY	2.2 NAME	Rodeffer, William D.
STREET ADDRESS	1832 ALACHUA STREET	2.3 STREET ADDRESS	218 LIGHTHOUSE DRIVE
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	T	3.1 TITLE	
NAME	SMITH, ALVIN	3.2 NAME	
STREET ADDRESS	3688 CHANDLER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	COKER, GENE	4.2 NAME	
STREET ADDRESS	4245 EAST S.R. 200	4.3 STREET ADDRESS	3410 GUERNSEY COURT
CITY-ST-ZIP	FERNANDINA BEACH FL	4.4 CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T	5.1 TITLE	T
NAME	FLOYD, PHIL S.	5.2 NAME	GARNER, David Tod
STREET ADDRESS	1512 ATLANTIC AVE	5.3 STREET ADDRESS	5205 LEWARD COVE
CITY-ST-ZIP	FERNANDINA BEACH FL	5.4 CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	S	6.1 TITLE	
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	

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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: *David H. Beckham* 2/10/98 (904)261-3617

CR2E037 (10/97)