

FILE NOW: FILING FEE IS \$61.25

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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705157 (6)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH AT UNION PARK, FLORIDA, INC**



Principal Place of Business <b>10301 EAST COLONIAL DRIVE ORLANDO FL 32817-4333 US</b>	Mailing Address <b>10301 EAST COLONIAL DRIVE ORLANDO FL 32817-4333 US</b>
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3. Date Incorporated or Qualified <b>02/04/1963</b>	3a. Date of Last Report <b>02/27/1996</b>
4. FEI Number <b>59-2101463</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent  
**PRATT, COLEMAN  
3131 T.C.U BLVD.  
ORLANDO FL 32817**

10. Name and Address of New Registered Agent  
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: Coleman Pratt DATE: **February 20, 1997**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DPS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FOWLKES, GREGG</b>	
STREET ADDRESS	<b>1824 RENEE AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HILLKER, MICHAEL</b>	
STREET ADDRESS	<b>8628 CURRY FORD ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, RUDY</b>	
STREET ADDRESS	<b>10577 JEPSON</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WATSON, JAMES D.</b>	
STREET ADDRESS	<b>10623 BOLAND DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RICKERT, PAUL</b>	
STREET ADDRESS	<b>14262 ROYAL TARA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>DP</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Fleming, Cary</b>		
1.3 STREET ADDRESS	<b>2524 S Tanner Road</b>		
1.4 CITY-ST-ZIP	<b>Orlando FL 32820</b>		
2.1 TITLE	<b>DV</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Watson, Jim</b>		
2.3 STREET ADDRESS	<b>1045 Hardwick</b>		
2.4 CITY-ST-ZIP	<b>Orlando FL 32825</b>		
3.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Griffin, Rudy</b>		
3.3 STREET ADDRESS	<b>10577 Jepson</b>		
3.4 CITY-ST-ZIP	<b>Orlando FL 32825</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>DT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>Rickert, Paul</b>		
5.3 STREET ADDRESS	<b>14262 Royal Tara Drive</b>		
5.4 CITY-ST-ZIP	<b>Orlando FL 32826</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: Cary Fleming **REQUIRED** Cary Fleming February 20, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017332

CR2E037 (9/96)