

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 707013 (9)

1. Corporation Name
FIRST BAPTIST CHURCH OF ALTAMONTE SPRINGS, INC.



Principal Place of Business Mailing Address
887 E ALTAMONTE DRIVE (327015001) 887 E ALTAMONTE DRIVE (327015001)
P.O. BOX 150217 P.O. BOX 150217
ALTAMONTE SPRINGS FL 32715-0217 ALTAMONTE SPRINGS FL 32715-0217

3. Date Incorporated or Qualified 03/20/1964 3a. Date of Last Report 03/14/1995

2. Principal Place of Business 2a. Mailing Address
21 887 E. ALTAMONTE DRIVE 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
ALTAMONTE SPRINGS, FL 28
23 City & State
24 32701-5001 25 USA 29 30

4. FEI Number 59-1058147 Applied For Not Applicable
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
BUTLER, JOHNNIE A
605 LAKE ORIENTA DR
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent
81 Name ROBERT B. ETHEREDGE
82 Street Address (P.O. Box Number is Not Acceptable) 180 NEWBURYPORT AVENUE
83
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32701

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 Robert B Etheredge February 13, 1996
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, JOHNNIE A	
STREET ADDRESS	605 LAKE ORIENTA DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-6307	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JENNINGS, JAMES T	
STREET ADDRESS	265 LEMON LILY CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEADOWS, ROBERT	
STREET ADDRESS	1519 GLASTONBERRY RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KNIGHT, THOMAS E	
STREET ADDRESS	749 LITTLE WEKIVA CIR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BILL V. LILES	
1.3 STREET ADDRESS	514 BARCLAY AVENUE	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701-6335	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] February 13, 1996 (407) 339-8961
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)