

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707013 (9)
 1. Corporation Name
FIRST BAPTIST CHURCH OF ALTAMONTE SPRINGS, INC.



Principal Place of Business 1897 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701-5001 US	Mailing Address 897 E ALTAMONTE DRIVE (327015001) P.O. BOX 150217 ALTAMONTE SPRINGS FL 32715-0217
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3. Date Incorporated or Qualified 03/20/1964
4. FEI Number 59-1058147
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 <i>n/a</i>

2. Principal Place of Business 21 740 FLORIDA CENTRAL PARKWAY Suite, Apt. #, etc. SUITE 2028	2a. Mailing Address 26 P.O. BOX 521748
City & State 23 LONGWOOD, FL 32750-6346	City & State 27 LONGWOOD, FL 327 2
Zip 24 32750-6346	Country 25 USA
Zip 28 32752-1748	Country 30 USA

9. Name and Address of Current Registered Agent
**LILES, BILL V.
 514 BARCLAY AVE.
 ALTAMONTE SPRINGS FL 32701**

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 implications of, Section 617.0503, Florida Statutes.

SIGNATURE *Bill V. Liles*
 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 type="checkbox"/> DELETE
NAME	LILES, BILL V.	
STREET ADDRESS	514 BARCLAY AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JENNINGS, JAMES T	
STREET ADDRESS	285 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C. DAVID RITCHIE
2.3 STREET ADDRESS	161 THORNBERRY DRIVE
2.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
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 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: *Bill V. Liles* *4/24/98 (407) 260-2660*

CR2E037 (10/97)