

**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 # 707296 (0)  
1. Corporation Name

FIRST BAPTIST CHURCH WINTER HAVEN FLORIDA



Principal Place of Business: 198 WEST CENTRAL AVE WINTER HAVEN FL 33880  
Mailing Address: 198 WEST CENTRAL AVE WINTER HAVEN FL 33880

3. Date Incorporated or Qualified: 05/15/1964  
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 59-0766974  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
City & State: 23

5. Certificate of Status Desired:   
\$8.75 Additional Fee Required

City & State: 28

6. Election Campaign Financing Trust Fund Contribution:   
\$5.00 May Be Added to Fees

Zip: 24  
Country: 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

Zip: 29  
Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CANNON, JACK  
1014 EDGEWATER DR., S.E.  
WINTER HAVEN FL 33884~~

81 Name: Stewart, Wayne  
82 Street Address (P.O. Box Number is Not Acceptable): 1214 Cypress Point E  
83  
84 City: Winter Haven FL 85 Zip Code: 33884

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: *Wayne Stewart*

2-29-96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	-E---	<input checked="" type="checkbox"/> DELETE
NAME	<del>CANNON, JACK</del>	
STREET ADDRESS	<del>1014 EDGEWATER DR. SE</del>	
CITY-ST-ZIP	<del>WINTER HAVEN FL</del>	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	BUCKLEY, DAVID	
STREET ADDRESS	3520 NW WESTWOOD AVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	CLARK, ED	
STREET ADDRESS	152 HARBOR WAY	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCMILAN, RALPH	
STREET ADDRESS	57 MORNINGSIDE RD., N.E.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stewart, Wayne	
1.3 STREET ADDRESS	1214 Cypress Point E	
1.4 CITY-ST-ZIP	Winter Haven, FL 33884	
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: Wayne Stewart *Wayne Stewart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-96 Date 941-294-4133 Daytime Phone #

CR2E037 (12/95)