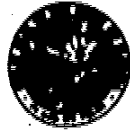


FILE NOW: FILING FEE AFTER MAY 1-10 \$155.00

**APPROVED
AND
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95 APR 21 AM 9:42

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 707771 (2)

1. Corporation Name

THE FIRST BAPTIST CHURCH OF DOVER, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3223 N. GALLAGHER RD.
P.O. BOX 750
DOVER FL 33527

3223 N. GALLAGHER RD.
P.O. BOX 750
DOVER FL 33527

3. Date Incorporated or Qualified

09/08/1964

3a. Date of Last Report

04/14/1994

4. FEI Number

59-0794392

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, CARL B
3223 N GALLAGHER ROAD
DOVER FL 33527

81 Name Philip Ballet
82 Street Address (P.O. Box Number is Not Acceptable)
3223 N. Gallagher Road
83
84 City Dover FL 85 Zip Code 33527

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Philip Ballet

[Signature]

2/22/95

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STALNAKER, JOHN
STREET ADDRESS 5804 W MILEY RD.
CITY-ST-ZIP PLANT CITY FL

1.1 TITLE D Change Addition
1.2 NAME Jim Tapley
1.3 STREET ADDRESS 12012 Old Hillsboro Ave
1.4 CITY-ST-ZIP Seffner FL 33584

TITLE DV
NAME DAVIS, CARL
STREET ADDRESS ~~PO BOX 433~~ 3807 N. Gallagher Rd
CITY-ST-ZIP DOVER FL Dover FL 33527

2.1 TITLE D Change Addition
2.2 NAME Carl Davis
2.3 STREET ADDRESS ~~PO BOX 433~~
2.4 CITY-ST-ZIP Dover FL 33527

TITLE D
NAME LATNER, JOHN
STREET ADDRESS 3212 MOTT RD.
CITY-ST-ZIP DOVER FL

3.1 TITLE Change Addition
3.2 NAME Tom Derenthal
3.3 STREET ADDRESS 607 E. Old Hillsborough
3.4 CITY-ST-ZIP Seffner FL 33584

TITLE DT
NAME CROSBY, JERRY
STREET ADDRESS 2702 S DOVER RD
CITY-ST-ZIP DOVER FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS Take off
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Day/Mo/Yr

[Signature] 3/15/95