
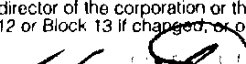


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mottam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 708481 (7) 1. Corporation Name FIRST BAPTIST CHURCH OF BROOKSVILLE, FLORIDA			
Principal Place of Business 420 NORTH HOWELL POST OFFICE BOX 1630 BROOKSVILLE FL 34805-8630		Mailing Address PO BOX 1630 BROOKSVILLE FL 34805-1630 US	
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	
3. Date Incorporated or Qualified 02/12/1965		3a. Date of Last Report 02/28/1996	
4. FEI Number 59-0711168		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent BURNS, WINSTON 5055 CEDAR LANE BROOKSVILLE FL 34801		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKEMAN, CARROLL E	1.1 TITLE	
STREET ADDRESS	P. O. BOX 1929	1.2 NAME	BLAKEMAN, CARROLL E
CITY-ST-ZIP	BROOKSVILLE FL 34605	1.3 STREET ADDRESS	9482 WALLIAN
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	BROOKSVILLE FL 34601
NAME	ARICK, A. W	2.1 TITLE	
STREET ADDRESS	26341 OLD SPRING LAKE RD.	2.2 NAME	
CITY-ST-ZIP	BROOKSVILLE FL 34601	2.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	KOON, DAVID	3.1 TITLE	
STREET ADDRESS	434 EDERINGTON DR.	3.2 NAME	
CITY-ST-ZIP	BROOKSVILLE FL 34601	3.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	FRAZIER, WALTER	4.1 TITLE	
STREET ADDRESS	3 PINE ST.	4.2 NAME	
CITY-ST-ZIP	BROOKSVILLE FL 34601	4.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	GRUBBS, MURRAY	5.1 TITLE	
STREET ADDRESS	23019 GRUBBS ROAD	5.2 NAME	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	5.3 STREET ADDRESS	300002127843
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	-03/28/97--01139--036
NAME		6.1 TITLE	***61.25
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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: 		3/3/97 (352) 796-6791	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/3/97 Daytime Phone # 0066351	

CP2E037 (9/96)