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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 709145 (7)

1. Corporation Name

FIRST BAPTIST CHURCH OF CENTER HILL, INC.



Principal Place of Business

Mailing Address

P.O. BOX 151  
SOUTH VIRGINIA AVE.  
CENTER HILL FL 33514

P.O. BOX 151  
SOUTH VIRGINIA AVE.  
CENTER HILL FL 33514-0151

3. Date Incorporated or Qualified  
06/15/1965

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1975778

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANCH, BILL  
PINE STREET  
CENTER HILL FL 33514

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE: ST  
NAME: BRANCH, SUNNI  
STREET ADDRESS: VIRGINIA AVE & PINE ST.  
CITY-ST-ZIP: CENTER HILL FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: VP  
NAME: BRANNEN, RAY  
STREET ADDRESS: MAGNOLIA AVE  
CITY-ST-ZIP: CENTER HILL FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE: P  
NAME: HIGGINS, ROBERT  
STREET ADDRESS: P.O. BOX 151 N/A  
CITY-ST-ZIP: CENTER HILL FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE: D  
NAME: CARTER, A J  
STREET ADDRESS: HWY 48  
CITY-ST-ZIP: CENTER HILL FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE: T  
NAME: CRAIG, BARBARA  
STREET ADDRESS: ORANGE AVE.  
CITY-ST-ZIP: CENTER HILL FL

5.1 TITLE  
5.2 NAME: T Joan Brown  
5.3 STREET ADDRESS: Virginia Ave  
5.4 CITY-ST-ZIP: Center Hill, FL

TITLE: D  
NAME: HESS, GARNETT  
STREET ADDRESS: HWY 48  
CITY-ST-ZIP: CENTER HILL FL

6.1 TITLE  
6.2 NAME  
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)(l), 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: Robert W. Higgins P. 4-21-97 852-782-2119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046742

CR2E037 (9/96)