


FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90079 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 709145 1. Corporation Name FIRST BAPTIST CHURCH OF CENTER HILL, INC.		
Principal Place of Business P.O. BOX 151 SOUTH VIRGINIA AVE. CENTER HILL FL 33514	Mailing Address P.O. BOX 151 SOUTH VIRGINIA AVE. CENTER HILL FL 33514	



21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 06/15/1965
22. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	27. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-1975778 Applied For <input type="checkbox"/> Not Applicable
23. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	28. Mailing Address Suite, Apt. #, etc. City & State Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	29. Mailing Address Suite, Apt. #, etc. City & State Zip Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BRANCH, BILL PINE STREET CENTER HILL FL 33514	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNEN, RAY	1.2 NAME	
STREET ADDRESS	MAGNOLIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CENTER HILL FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, ROBERT	2.2 NAME	
STREET ADDRESS	P.O. BOX 151 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CENTER HILL FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, A J	3.2 NAME	
STREET ADDRESS	HWY 48	3.3 STREET ADDRESS	
CITY-ST-ZIP	CENTER HILL FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOAN	4.2 NAME	
STREET ADDRESS	VIRGINA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CENTER HILL FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, GARNETT	5.2 NAME	
STREET ADDRESS	HWY 48	5.3 STREET ADDRESS	
CITY-ST-ZIP	CENTER HILL FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Robert Higgins 3/21/99 352-793-2118
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01489285 -CR2E037 (1/1/98)