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May 12 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 # 710194 (2)

1. Corporation Name

FLORIDA CARIBBEAN BAPTIST CONFERENCE, INC.



Principal Place of Business

Mailing Address

P O BOX 91865
LAKELAND FL 33804-1865
US

P O BOX 91865
LAKELAND FL 33804-1865
US

3. Date Incorporated or Qualified
01/12/1966

3a. Date of Last Report
07/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1459720

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRAHAMSON, RICHARD R
118 ASHBOROUGH CT.
LAKELAND FL 33801

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

Richard R. Abrahamson

(NOTE: Registered Agent signature required when reinstating)

4-26-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ABRAHAMSON, RICHARD R
STREET ADDRESS 118 ASHBOROUGH CT.
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE PD
NAME MILLICAN, WILLIAM
STREET ADDRESS 704 LOBELIA ST
CITY-ST-ZIP BRANDON FL

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

TITLE V
NAME BAXTER, JOHN
STREET ADDRESS 2780 37TH ST N
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE TD
NAME FULKS, CHUCK
STREET ADDRESS 5823 26TH STREET W
CITY-ST-ZIP BRADENTON FL

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

TITLE S
NAME TARASIUK, CHRISTINA
STREET ADDRESS 6954 BOTTLE BRUSH DR
CITY-ST-ZIP MIAMI LAKES FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

V
EUBANK ANDS
7500 ALHAMBRA BLVD
MIDLAND, FL

5
DARRYL WILLIAMSON
6104 WEBB RD APT 1704
TAMPA, FL

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:

William Millican REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

941-858-8765

Daytime Phone # 0052719

CR2037 (9/96)