

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 710381 (5)
1. Corporation Name
THE FIRST MISSIONARY BAPTIST CHURCH OF KENANSVILLE, FLORIDA, INC.

Principal Place of Business

STATE ROAD 523
PO BOX 103
KENANSVILLE FL 34739

Mailing Address

STATE ROAD 523
PO BOX 103
KENANSVILLE FL 34739



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1966		3a. Date of Last Report 04/07/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2471103		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAISDEN, GLENN R GRANT BASS ROAD STATE ROAD 523 AND GRANT BASS RD KENANSVILLE FL 32739				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

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BAISDEN, GLENN R	1.2 NAME	
STREET ADDRESS	GRANT BASS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENANSVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	VICKERS, BRUCE	2.2 NAME	
STREET ADDRESS	VICKERS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENANSVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	COLLINS, WALTER T.	3.2 NAME	
STREET ADDRESS	LAKE MARION ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	KENANSVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	COLLINS, SANDRA	4.2 NAME	
STREET ADDRESS	VICKERS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENANSVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	COLLINS, DONALD	5.2 NAME	
STREET ADDRESS	VICKERS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KENANSVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Glenn R. Baisden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

CR2E037 (12/95)