

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:29

DOCUMENT # 710882 (2)
1. Corporation Name
FIRST BAPTIST CHURCH, JACKSONVILLE BEACH, FLORID
A

Principal Place of Business Mailing Address
324 N 5TH STREET JACKSONVILLE FL 32250
324 N 5TH STREET JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1966	3a. Date of Last Report 04/28/1994
4. FEI Number 59-6001024	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
BOGGS, THAD MR
324 NORTH 5TH STREET
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent
81 Name Wood, C. Tommy, DR
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *C. Tommy Wood* Dr. C. Tommy Wood, President 3/22/95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D STOKES, HENRY 903 NORTH 4TH AVENUE JACKSONVILLE, FL 00000
TITLE	TD MILLEN, H.E. 120 CORAL WAY JACKSONVILLE BCH. FL
TITLE	D POPE, ELLIS T. 1310 FLORIDA BLVD. NEPTUNE BEACH FL
TITLE	P BOGGS, THAD 88 OAKWOOD RD JACKSONVILLE BCH FL
TITLE	DTR HICKS, GORDON MR 2743 BIARRITZ COURT PONTE VEDRA BEACH FL 32082
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TR Miller, Fred <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1921 Jarboe Lane
1.3 STREET ADDRESS	Neptune Beach, FL 32266
1.4 CITY-ST-ZIP	
2.1 TITLE	T Beasley, Gerald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1115 N. 16th Ave.
2.3 STREET ADDRESS	Jacksonville Beach, FL. 32250
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P Wood, C. Tommy, DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	324 N. 5th Street
4.3 STREET ADDRESS	Jacksonville Beach, FL 32250
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	S Bryan, Phoebe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	88 Oakwood Rd
6.3 STREET ADDRESS	Jacksonville Beach, FL 32250
6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *C. Tommy Wood* Dr. C. Tommy Wood 3/22/95 904-249-2314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)