

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 710882 (2)

1. Corporation Name
FIRST BAPTIST CHURCH, JACKSONVILLE BEACH, FLORIDA A



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

3. Date Incorporated or Qualified: 05/17/1966
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-6001024	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOOD, C. TOMMY D 324 NORTH 5TH STREET JACKSONVILLE BEACH FL 32250		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FRED	1.2 NAME	
STREET ADDRESS	1921 JARBOE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, GERALD	2.2 NAME	
STREET ADDRESS	1115 N 16 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, ELLIS T.	3.2 NAME	
STREET ADDRESS	1310 FLORIDA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, C. TOMMY D	4.2 NAME	
STREET ADDRESS	324 N 5TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	4.4 CITY-ST-ZIP	
TITLE	DTR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, GORDON MR	5.2 NAME	
STREET ADDRESS	2743 BIARRITZ COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, PHOEBE	6.2 NAME	
STREET ADDRESS	88 OAKWOOD RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	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: *C. Tommy Wood* 4/17/96 904-249-2314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: C. Tommy Wood Daytime Phone #

CR2E037 (12/95)