

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710882 (2)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH, JACKSONVILLE BEACH, FLORID A**



Principal Place of Business <b>324 N 5TH STREET JACKSONVILLE FL 32250</b>	Mailing Address <b>324 N 5TH STREET JACKSONVILLE FL 32250-5529</b>
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3. Date Incorporated or Qualified <b>05/17/1966</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-6001024</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent  
**WOOD, C. TOMMY D  
324 NORTH 5TH STREET  
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> DELETE
NAME	MILLER, FRED	
STREET ADDRESS	1921 JARBOE LANE	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BEASLEY, GERALD	
STREET ADDRESS	1115 N 16 AVE	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POPE, ELLIS T.	
STREET ADDRESS	1310 FLORIDA BLVD.	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WOOD, C. TOMMY D	
STREET ADDRESS	324 N 5TH ST	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	DTR	<input type="checkbox"/> DELETE
NAME	HICKS, GORDON MR	
STREET ADDRESS	2743 BIARRITZ COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRYAN, PHOEBE	
STREET ADDRESS	88 OAKWOOD RD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* 4-9-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006688

CR2E037 (9/96)