

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 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 # 711185 (9)

1. Corporation Name
THE FIRST BAPTIST CHURCH OF JAN PHYL VILLAGE, IN C.



Principal Place of Business Mailing Address
100 HATFIELD RD WINTER HAVEN FL 33880 100 HATFIELD RD WINTER HAVEN FL 33880-1324

3. Date Incorporated or Qualified 07/13/1966 3a. Date of Last Report 01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1865485	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBOSE, JUNE
103 6TH ST JPV
WINTER HAVEN FL 33880

81 Name BETTY BLANKENSHIP
82 Street Address (P.O. Box Number is Not Acceptable) 5825 Red Fox Drive
83
84 City Winter Haven FL 85 Zip Code 33884

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 Betty S. Blankenship church clerk 1-22-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SHEFFIELD, FLOYD	
STREET ADDRESS	22 DUNAWAY RD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TUCKER, BEN	
STREET ADDRESS	723 BRYAN LANE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DUBOSE, JUNE	
STREET ADDRESS	103 8TH ST JPV	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DEAL, LEROY	
STREET ADDRESS	121 COLEMAN RD JPV	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LOOP, PAULINE	
STREET ADDRESS	607 PATRICK AVE JPV	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Sheffield, Floyd		
1.3 STREET ADDRESS	22 Dunaway Rd		
1.4 CITY-ST-ZIP	Winter Haven, FL 33880		
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	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Blankenship, Betty S.		
3.3 STREET ADDRESS	5825 Red Fox Drive		
3.4 CITY-ST-ZIP	Winter Haven, FL 33884		
4.1 TITLE	DT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Kitchens, Robert		
4.3 STREET ADDRESS	126 Homewood Drive		
4.4 CITY-ST-ZIP	Winter Haven, FL 33880		
5.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	Blankenship, Charles		
5.3 STREET ADDRESS	5825 Red Fox Drive		
5.4 CITY-ST-ZIP	Winter Haven, FL 33884		
6.1 TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	Loftis, Ralph		
6.3 STREET ADDRESS	610 Avenue D NE		
6.4 CITY-ST-ZIP	Winter Haven, FL 33881		

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: Betty S. Blankenship 1-22-97 941-293-9020
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084516

CFR2E037 (9/96)