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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711185 (9)
1. Corporation Name
THE FIRST BAPTIST CHURCH OF JAN PHYL VILLAGE, IN C.



Principal Place of Business 100 HATFIELD RD WINTER HAVEN FL 33880	Mailing Address 100 HATFIELD RD WINTER HAVEN FL 33880
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3. Date Incorporated or Qualified 07/13/1966	
4. FEI Number 59-1865485	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**BLANKENSHIP, BETTY
5825 RED FOX DRIVE
WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent

81 Name	Blankenship, Betty S.
82 Street Address (P.O. Box Number is Not Acceptable)	5825 Redfox 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<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 type="checkbox"/> DELETE
NAME	BLANKENSHIP, BETTY	
STREET ADDRESS	5825 RED FOX DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KITCHENS, ROBERT	
STREET ADDRESS	121 HOMEWOOD DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BLANKENSHIP =, CHARLES	
STREET ADDRESS	5825 RED FOX DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LOFTIN, RALPH	
STREET ADDRESS	610 AVENUE D NE	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MERCER, LARRY	
1.3 STREET ADDRESS	518 SHARON HILL COURT	
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		<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 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 Church Clerk x 1/21/98 x 941-324-0794

CR2E037 (10/97)