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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 711287 (3)

1. Corporation Name

FORT KING BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

811 N.E. 8TH AVENUE  
OCALA FL 32670

911 N.E. 8TH AVENUE  
OCALA FL 34470-5336



3. Date Incorporated or Qualified  
08/02/1966

3a. Date of Last Report  
05/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELREA  
1950 SW 4TH AVE  
OCALA FL 32674

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME MARKHAM, HENRY W.  
STREET ADDRESS 2101 N.E. 49TH ST.  
CITY-ST-ZIP Ocala FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE C  
NAME WESSNER, ROSETTA  
STREET ADDRESS 4280 SE 62ST STREET  
CITY-ST-ZIP Ocala, FL 0

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME BRYANT, JOYCE  
STREET ADDRESS 1289 E S S BLVD.  
CITY-ST-ZIP Ocala, FL 0

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME BURRY, NELREA  
STREET ADDRESS 1950 SW 4TH AVE  
CITY-ST-ZIP Ocala FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME FLOSSIE, KEEL  
STREET ADDRESS 300 SW 19TH ST  
CITY-ST-ZIP Ocala, FL 00000

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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: *Nelrea Burry (Nelrea Burry)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-97 352-591-1896  
Date Daytime Phone # 0065526

CR2E037 (9/96)