


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 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 # **711287** (3)
1. Corporation Name
FORT KING BAPTIST CHURCH, INC.



Principal Place of Business 911 N.E. 8TH AVENUE OCALA FL 32670		Mailing Address 911 N.E. 8TH AVENUE OCALA FL 32670	
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	Country	29	Zip
25		30	
3. Date Incorporated or Qualified 08/02/1966		4. FEI Number 59-3155020	
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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NELREA 1950 SW 4TH AVE OCALA FL 32674		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		FL	

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	P MARKHAM, HENRY W.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2101 N.E. 49TH ST.	1.2 NAME	
STREET ADDRESS	OCALA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	C WESSNER, ROSETTA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4260 SE 62ST STREET	2.2 NAME	
STREET ADDRESS	OCALA, FL 0	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BRYANT, JOYCE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1269 E S S BLVD.	3.2 NAME	
STREET ADDRESS	OCALA, FL 0	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD BURRY, NELREA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1950 SW 4TH AVE	4.2 NAME	
STREET ADDRESS	OCALA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D FLOSSIE, KEEL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 SW 19TH ST	5.2 NAME	
STREET ADDRESS	OCALA, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Nelrea Burry* *3/16/98* *1-352-591-1896*

CR2E037 (10/97)