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Feb 14 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 # 711597 (5)

1. Corporation Name
FIRST BAPTIST CHURCH OF AURANTIA, INC.



Principal Place of Business: 3953 FAIRFAX DRIVE, P.O. BOX 96, MIMS FL 32754-0096
Mailing Address: 3953 FAIRFAX DRIVE, P.O. BOX 96, MIMS FL 32754-0096

3. Date Incorporated or Qualified: 10/07/1966
3a. Date of Last Report: 11/26/1996
4. FEI Number: 69-2349256
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent
BROOME, CHARLES F
915 SO. WASHINGTON AVE.
TITUSVILLE FL 32781

10. Name and Address of New Registered Agent
81 Name: MARY LUCIER
82 Street Address (P.O. Box Number Is Not Acceptable): 4965 HARRISON RD.
84 City: Mims, FL
85 Zip Code: 32754

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: Mary H. Lucier (with handwritten signature) DATE: 2-10-97

12. OFFICERS AND DIRECTORS
PD AVERILL, TOM (3941 SERLINE STREET, MIMS FL 32754)
VD LEE, RODGER (4230 LONGBOW DR., TITUSVILLE FL 32796)
VD MCLENDON, CYRIL (3542 ELLIS LANE, MIMS FL 32754)
SD LUCIER, MARY (4965 HARRISON RD., MIMS FL 32754)
T JOHNSTON, VIRGINIA A (5720 SEMINOLE ST., SCOTTSMOOR FL 32755)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 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: VIRGINIA ANN JOHNSTON (with handwritten signature) DATE: 2-10-97

CR2E037 (9/96)