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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 711597

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2349256	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUCIER, MARY 4965 HARRISON RD MIAMI FL 32754				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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* DATE *2-8-99*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERILL, TOM	1.2 NAME	
STREET ADDRESS	3941 SERLINE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, ROBERT	2.2 NAME	
STREET ADDRESS	1263 LITTLE OAK CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 3270	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLENDON, CYRIL	3.2 NAME	
STREET ADDRESS	3542 ELLIS LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIER, MARY	4.2 NAME	
STREET ADDRESS	4965 HARRISON RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, VIRGINIA A	5.2 NAME	
STREET ADDRESS	5720 SEMINOLE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSMOOR FL 32755	5.4 CITY-ST-ZIP	
TITLE		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, with all other like empowered.

SIGNATURE: *Virginia Ann Johnston* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #
407-269-4587
407-267-9258

CR2E037 (11/98)