

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 711632 (0)

1. Corporation Name

FIRST BAPTIST CHURCH, INCORPORATED, OF CHIEFLAND, FLORIDA



Principal Place of Business

Mailing Address

YOUNG BLVD
P O BOX 2270
CHIEFLND FL 32626
US

P O BOX 2270
P O BOX 307
CHIEFLND FL 32626
US

3. Date Incorporated or Qualified **10/17/1966** 3a. Date of Last Report **05/01/1995**

21 **511 N. Young Blvd.**
Suite, Apt. #, etc

26 **PO Box 2270**
Suite, Apt. #, etc.

4. FEI Number **59-1776911** Applied For Not Applicable

22
City & State **Chiefland FL**

27
City & State **Chiefland FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 **52644** 25 **Levy**

Country **US**

29 **32644** 30 **US**

Country **US**

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

9. Name and Address of Current Registered Agent

**BEAUCHAMP, W.O. JR.
LEVY COUNTY ROAD #345
CHIEFLND FL 32626**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **12951 NW 10 Ave.**
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, GRIFFIN	12 NAME
STREET ADDRESS	104 NE 2ND STREET	13 STREET ADDRESS
CITY-ST-ZIP	CHIEFLND, FL 00000	14 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JIM	22 NAME
STREET ADDRESS	415 N. MAIN ST. CO RD 341	23 STREET ADDRESS
CITY-ST-ZIP	CHIEFLND, FL 00000	24 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUCHAMP, LUTHER	32 NAME
STREET ADDRESS	11090 NW 86TH CT	33 STREET ADDRESS
CITY-ST-ZIP	CHIEFLND, FL 00000	34 CITY-ST-ZIP
TITLE	T <input checked="" type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAUCHAMP, VIRGINIA	42 NAME Lower, Beverly
STREET ADDRESS	ROAD 129	43 STREET ADDRESS 6450 NW 115 St. D
CITY-ST-ZIP	CHIEFLND, FL 00000	44 CITY-ST-ZIP Chiefland, Florida 32626
TITLE	D <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, TOM	52 NAME Bishop, Robert
STREET ADDRESS	1117 NW 17TH AVE	53 STREET ADDRESS PO Box 358
CITY-ST-ZIP	CHIEFLND FL	54 CITY-ST-ZIP Chiefland, Florida 32644
TITLE	D <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, KEN	62 NAME
STREET ADDRESS	P O BOX 1443	63 STREET ADDRESS
CITY-ST-ZIP	CHIEFLND FL	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Beverly Lower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 352 473-1481

Date

Daytime Phone #

CR2E037 (12/95)