FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS

711651

(0)

FIRST BAPTIST CHURCH OF FLORIDA CITY, INC.

Principal Place	of Business	Mailing Address			81 84041 64644 01041 01041 04044 64044 1801
101 SW REDLAND ROAD FLORIDA CITY FL 83034		101 SW REDLAND ROAD FLORIDA CITY FL 33034		,	
				3. Date Incorporated or Qualified 10/19/1966	3a. Date of Last Report 04/04/1996
	ace of Business	2a. Mailing Address		4. FEI Number 59-1051721	Applied For
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country		Added to Fees
24	25	29 3	-, ·	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No
	9. Name and Address of Curren			10. Name and Address of New Reg	
			81 Name	1	
CAMPBELL, WALTER L. DR.			82 Street Addr	ress (P.O. Box Number is Not Acceptable	9)
	REDLAND RD				
FLORIDA	\ CITY FL 33034		83		
			84 City		FI_ 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.					
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 617.0503, Florid	monzed by the corporal da Statutes.	tion's board of directors, I hereby accept	the appointment as registered
SIGNATURE .					
12.	Signature, typed or printed name of registered ago OFFICERS AND		Registered Agent signature require 13.	red when reinstaling) ADDITIONS/CHANGE'S TO OFFICE	BS AND DIRECTORS IN 12
TITLE	TD	DELETE	1.1 TITLE	7,557,757,676,777,625,75	☐ Change ☐ Addition
NAME	GREENAWALD, NELLIE		1.2 NAME		
STREET ADDRESS	18728 SW 349TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 00000		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME .	BOOTH, JAMES 26205 SW 131 COURT	•	2.2 NAME		
STREET ADDRESS City-St-Zip	LEISURE CITY FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, WALTER L.		3.2 NAME		-
STREET ADDRESS	101 SW REDLAND RD	·	3.3 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL		3.4. CITY-ST-ZIP		1
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		,
CITY-ST-ZIP 1		DELETE	5.1 TITLE		Change Addition
NAME	¢.		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CFTY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 1 of 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 12 or on an attachment with an address.

6.3 STREET ADDRESS

6.2 NAME

FILED

Apr 21 1997 8:00am

Secretary of State