

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra H. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712309 (4)
 1. Corporation Name
FIRST BAPTIST CHURCH OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
800 N. PINE HILLS RD. ORLANDO FL 32808-7231 US	800 N. PINE HILLS RD. ORLANDO FL 32808 US

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 Zip
24 Country	29 Country
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/22/1967** 3a. Date of Last Report **03/15/1994**

4. FEI Number **59-6046379** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PARRISH, SID
PARRISH & BAILEY, P.A.
116 AMERICA STREET
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Type or print name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T THORNTON, VANCE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	929 INCHON COURT	12 NAME	
STREET ADDRESS	ORLANDO, FL 0	13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	PD WOOTEN, RON	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5533 VALLEY OAK RD	22 NAME	
STREET ADDRESS	ORLANDO, FL 00000	23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE	SD ARTHUR, DEXTER	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6210 CASTLEWOOD LANE	32 NAME	
STREET ADDRESS	ORLANDO, FL 0	33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	VD EDWARDS, LOUIS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1521 E. SPRING RIDGE CIR	42 NAME	
STREET ADDRESS	WINTER GARDEN FL	43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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 119.02(3)(b), Florida Statutes. I further certify that the information submitted 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: *Vance Thornton* 4/28/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR