

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **02/22/1967** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-6046379		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARRISH, SID PARRISH & BAILEY, P.A. 116 AMERICA STREET ORLANDO FL 32801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE	1.1 TITLE	<i>Vance Thornton</i>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	CR2E037 (12/95)
NAME	THORNTON, VANCE		1.2 NAME	<i>Treasurer</i>			
STREET ADDRESS	929 INCHON COURT		1.3 STREET ADDRESS	<i>8601 Turkey oak lane</i>			
CITY-ST-ZIP	ORLANDO, FL 0		1.4 CITY-ST-ZIP	<i>Claremont Fla. 34788</i>			
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WOOTEN, RON		2.2 NAME				
STREET ADDRESS	5533 VALLEY OAK RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 00000		2.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ARTHUR, DEXTER		3.2 NAME	RANDY BUTLER			
STREET ADDRESS	6210 CASTLEWOOD LANE		3.3 STREET ADDRESS	3841 MARTIN ST			
CITY-ST-ZIP	ORLANDO, FL 0		3.4 CITY-ST-ZIP	ORLANDO, FL 32806			
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EDWARDS, LOUIS		4.2 NAME				
STREET ADDRESS	1521 E. SPRING RIDGE CIR		4.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER GARDEN FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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 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: *Vance Thornton* Vance Thornton 3-8-96 407-293-7158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #