


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712713 (7)
1. Corporation Name
FIRST BAPTIST CHURCH OF FT. LAUDERDALE, INC.



Principal Place of Business 301 EAST BROWARD BOULEVARD FORT LAUDERDALE FL 33301	Mailing Address 301 EAST BROWARD BOULEVARD FORT LAUDERDALE FL 33301-1940
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/09/1967		3a. Date of Last Report 01/25/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-0751914		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ASH, BEN 301 E. BROWARD BLVD. FORT LAUDERDALE FL 33301				10. Name and Address of New Registered Agent 81 Name Paul M. May 82 Street Address (P.O. Box Number is Not Acceptable) 301 E. Broward Blvd. 83 84 City Fort Lauderdale FL 85 Zip Code 33301			
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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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASH, BEN	1.2 NAME	Paul M. May
STREET ADDRESS	1300 S E 11 ST	1.3 STREET ADDRESS	1025 Ponce De Leon Dr.
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLLAR, KERMIT	2.2 NAME	Karen Glover
STREET ADDRESS	800 S.W. 68 AVE	2.3 STREET ADDRESS	3540 SW 21 Street
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GEIGER, JAMES W.	3.2 NAME	
STREET ADDRESS	2831 N.E. 21 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SAPP, A. EDWIN	4.2 NAME	
STREET ADDRESS	1479 N.E. 56TH CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	WILSON, ELIZABETH ANNE	5.2 NAME	
STREET ADDRESS	441 N.E. 9TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 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.

SIGNATURE: *[Signature]* DATE: **4/28/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0035394

CR2E037 (9/96)