

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713179 (0)

1. Corporation Name

FIRST BAPTIST CHURCH IN MILTON, FLORIDA, INC.

Principal Place of Business

Mailing Address

309 CLARA ST.
MILTON FL 32570309 CLARA ST.
MILTON FL 32570-4832

3. Date Incorporated or Qualified

08/10/1967

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-0952636

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORTHROP, I.H.
RT. 9, BOX 382A
MILTON FL 32570

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE
NAME CAMPBELL, KENNETH L
STREET ADDRESS 6008 LANSING DRIVE
CITY-ST-ZIP MILTON FL1.1 TITLE TD ☐ Change ☒ Addition
1.2 NAME I.H. Northrop
1.3 STREET ADDRESS Rt. 9, Box 382A
1.4 CITY-ST-ZIP Milton, FL 32570TITLE SD ☒ DELETE
NAME THOMPSON, GUY
STREET ADDRESS 816 COLLEGE DRIVE
CITY-ST-ZIP MILTON FL2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME Charlie McDonald
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME WHEAT, TIMOTHY D.
STREET ADDRESS 3506 STRATFORD LANE
CITY-ST-ZIP PACE FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Clyde Gracey
3.3 STREET ADDRESS 911 Canal St
3.4 CITY-ST-ZIP Milton, FL 32570TITLE D ☒ DELETE
NAME ARANT, HAROLD
STREET ADDRESS 920 HIGHLAND BLVD
CITY-ST-ZIP PACE FL4.1 TITLE PD ☐ Change ☒ Addition
4.2 NAME Colie Nichols
4.3 STREET ADDRESS 2025 Eventide Rd
4.4 CITY-ST-ZIP Milton, FL 32583TITLE D ☐ DELETE
NAME NICHOLS, COLIE
STREET ADDRESS 2025 EVENTIDE RD
CITY-ST-ZIP MILTON FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE PD ☒ DELETE
NAME FISHER, F.M.
STREET ADDRESS 144 ERUDITION
CITY-ST-ZIP MILTON FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone # 0074455

CR2E037 (9/96)