

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 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 # 714183 (1)
1. Corporation Name
FIRST BAPTIST CHURCH OF KEY LARGO, INC.



Principal Place of Business 99001 OVERSEAS HIGHWAY KEY LARGO FL 33037	Mailing Address 99001 OVERSEAS HIGHWAY KEY LARGO FL 33037-4210
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3. Date Incorporated or Qualified 03/04/1968	3a. Date of Last Report 02/05/1996
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2. Principal Place of Business 21 SAME Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 SAME Suite, Apt #, etc. 27 City & State 28 Zip 29
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4. FEI Number 59-1088214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
MR. JACK HILL
172 CORRINE PL., OCEAN SHORES
KEY LARGO, FL 33037

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CDD	<input type="checkbox"/> DELETE	1.1 TITLE SDD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARLLEE, JOHN W., JR.		1.2 NAME PAUL GREWE	
STREET ADDRESS 10980 COUNTY ROAD 905		1.3 STREET ADDRESS 167 COCONUT ROW	
CITY-ST-ZIP KEY LARGO FL 33037		1.4 CITY-ST-ZIP TAVERNIER, FL 33070	
TITLE VCDD	<input type="checkbox"/> DELETE	2.1 TITLE ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HILL, JACK		2.2 NAME GORDON COTTRELL	
STREET ADDRESS 172 CORPINE PL		2.3 STREET ADDRESS 7 CORRINE PL.	
CITY-ST-ZIP KEY LARGO FL 33037		2.4 CITY-ST-ZIP KEY LARGO, FL 33037	
TITLE SDD	<input type="checkbox"/> DELETE	3.1 TITLE DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEAVER, WILLIAM		3.2 NAME GUNNAR SVALMARK	
STREET ADDRESS 131 MOHAWK ST		3.3 STREET ADDRESS 703 GROUPER LANE	
CITY-ST-ZIP TAVERNIER FL 33070		3.4 CITY-ST-ZIP KEY LARGO, FL 33037	
TITLE DD	<input type="checkbox"/> DELETE	4.1 TITLE DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CULLEN, THORNTON		4.2 NAME JOE Q. POWELL	
STREET ADDRESS 114 HIBISCUS DR		4.3 STREET ADDRESS 1026 DOVE RD.	
CITY-ST-ZIP KEY LARGO FL 33037		4.4 CITY-ST-ZIP KEY LARGO, FL 33037	
TITLE DD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROGERS, JERRY		5.2 NAME HARLLEE, JOHN W., JR.	
STREET ADDRESS 1001 DOVE RD		5.3 STREET ADDRESS SAME	
CITY-ST-ZIP KEY LARGO FL 33037		5.4 CITY-ST-ZIP	
TITLE DD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE CDD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOELTON, MORTON D.		6.2 NAME HILL, JACK	
STREET ADDRESS 64 JEAN LAFITTE DR		6.3 STREET ADDRESS SAME	
CITY-ST-ZIP KEY LARGO FL 33037		6.4 CITY-ST-ZIP	
		VCDD WEAVER, WILLIAM	
		SAME SAME	

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: *Jack Hill* 1-7-97 3054513782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024480

CR2E037 (9/96)