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May 13, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 714457
 1. Corporation Name

FIRST BAPTIST CHURCH OF ANTHONY, INC.

Principal Place of Business	Mailing Address
c/o Bobby J. Palmer P.O. Box 267- Anthony FL 32617	c/o Bobby J. Palmer P.O. Box 267 Anthony, FL 32617

21 2. Principal Place of Business	2a Mailing Address	3 Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4/18/1968
22 City & State	27 City & State	4 FEI Number
Zip	Country	59-2327124
23 Zip	28 Zip	Applied For
24 Country	29 Country	Not Applicable
25	30	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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALMER, BOBBY J 2750 N.E. 95TH ST. ANTHONY, FL 32617	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, LANOLA R	1.2 NAME	
STREET ADDRESS	13300 N.E. 98TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY FL 31134	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, MARILYN	2.2 NAME	
STREET ADDRESS	2850 N.W. 100TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34475	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, BOBBY J	3.2 NAME	
STREET ADDRESS	2750 N.E. 95TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANTHONY, FL 32617	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDEN, CAROLYN	4.2 NAME	
STREET ADDRESS	3500 NE 107TH STREET RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANTHONY FL 32617	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 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, with all other like empowered.

SIGNATURE: Marilyn C. Grant April 22, 1999 352-622-5425
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)