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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90113 019 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715191

1. Corporation Name
FIRST BAPTIST CHURCH OF KISSIMMEE, FLORIDA, INC.

Principal Place of Business 1700 N BERMUDA AVE KISSIMMEE FL 34741	Mailing Address 1700 N BERMUDA AVE KISSIMMEE FL 34741
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2. Principal Place of Business 21 1700 N. John Young Parkway Suite, Apt. #, etc.	2a. Mailing Address 26 1700 N. John Young Parkway Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/29/1968
22	27	4. FEI Number 59-0747304
23 City & State Kissimmee, FL	28 City & State Kissimmee, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34741	25 Country	29 Zip 34741
30 Country	3. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WILDER, TIMMY LEE
3267 BUFFALO COURT
KISSIMMEE FL 34746

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> DELETE
NAME	CLEMONS, J.C.	
STREET ADDRESS	629 ADRIANE PARK CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	EPPERSON, HAROLD C J	
STREET ADDRESS	1537 TRUMBULL STREET	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MCTERR, EVERETT	
STREET ADDRESS	1601 REGAL OAK DRIVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: J. C. Clemons **SIGNATURE REQUIRED** J. C. Clemons 4/30/99 407-847-3138
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)