

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715458 (6)

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



Principal Place of Business: **97 CENTER STREET, SOUTH BALDWIN FL 32234**
Mailing Address: **97 CENTER STREET, SOUTH BALDWIN FL 32234**

3. Date Incorporated or Qualified: **10/28/1968**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1762281	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent

**HORTON, RON
RT 1 BOX 446
BRYCEVILLE FL 32009**

10. Name and Address of New Registered Agent

81 Name	Jimmy Boatright
82 Street Address (P.O. Box Number is Not Acceptable)	Rt. 24 Box 471
83 City	Baldwin, Florida 32234
84 City	FL
85 Zip Code	32234

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 617.0509, Florida Statutes.

SIGNATURE: *Jimmy Boatright*
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	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, ERNIE	1.2 NAME	Vernon Harris
STREET ADDRESS	BRANDY BRANCH ROAD	1.3 STREET ADDRESS	Rt. 24, Box 372
CITY-ST-ZIP	BALDWIN FL	1.4 CITY-ST-ZIP	Baldwin, FL 32234
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASON, HENRY	2.2 NAME	Ron Boatright
STREET ADDRESS	13550 OLD PLANK RD.	2.3 STREET ADDRESS	651 S. Halsema Rd.
CITY-ST-ZIP	WHITEHOUSE FL	2.4 CITY-ST-ZIP	Jacksonville, Florida 32221
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, SALLY	3.2 NAME	Bill Wilkins
STREET ADDRESS	670 CEDAR AVE.	3.3 STREET ADDRESS	Rt. 1 Box 626
CITY-ST-ZIP	BALDWIN FL	3.4 CITY-ST-ZIP	Bryceville, Florida 32009
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, WENDELL	4.2 NAME	
STREET ADDRESS	160 ROSEWOOD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALDWIN FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, RAY	5.2 NAME	
STREET ADDRESS	2559 SUMMERFIELD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jimmy Boatright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96
Date

266-4126
Daytime Phone #

CR2E037 (12/95)