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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 715458 (6)

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



Principal Place of Business Mailing Address
97 CENTER STREET, SOUTH BALDWIN FL 32234 97 CENTER STREET, SOUTH BALDWIN FL 32234-1801

3. Date Incorporated or Qualified 10/28/1968 3a. Date of Last Report 03/29/1996

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

9. Name and Address of Current Registered Agent
BOATRIGT, JIMMY
RT 24 BOX 471
BALDWIN, FL
BRYCEVILLE FL 32234
10. Name and Address of New Registered Agent
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	T HARRIS, VERNON RT 24 BOX 372 BALDWIN FL	1.1 TITLE	T BARBER, JOHN RT. 24 BOX 460 Baldwin, Fl. 32234
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T BOATRIGT, RON 651 S HALSEMA RD JACKSONVILLE FL	2.1 TITLE	T HAGAN, JOE 12012 W. Beaver Street Jacksonville, Fl. 32220
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T DANIELS, SALLY 670 CEDAR AVE. BALDWIN FL	3.1 TITLE	T WILLIAMS, JAMES 11324 Emuness Road Jacksonville, Fl. 32218
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T BRYAN, WENDELL 160 ROSEWOOD ST. BALDWIN FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T MOORE, RAY 2559 SUMMERFIELD LANE JACKSONVILLE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T WILKINS, BILL RT 1 BOX 628 BRYCEVILLE FL	6.1 TITLE	
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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/6/97 904 266-4222 Date Daytime Phone #0008252

CR2E037 (9/96)