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Secretary of State

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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 # 715458
 1. Corporation Name
FIRST BAPTIST CHURCH OF BALDWIN, FLORIDA, INC.

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| Principal Place of Business 97 CENTER STREET, SOUTH BALDWIN FL 32234 | Mailing Address 97 CENTER STREET, SOUTH BALDWIN FL 32234 |
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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 10/28/1968 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1762281 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 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 | |
| HORTON, RON RT. 1, BOX 446 BRYCEVILLE FL 32009 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---------------------------|
| TITLE | T | 1.1 TITLE | T |
| NAME | HARRIS, VERNON | 1.2 NAME | Mike Wiggins |
| STREET ADDRESS | RT 24 BOX 372 | 1.3 STREET ADDRESS | 16524 Village Green Dr.S. |
| CITY-ST-ZIP | BALDWIN FL | 1.4 CITY-ST-ZIP | Baldwin, Florida 32234 |
| TITLE | T | 2.1 TITLE | T |
| NAME | BARBER, JOHN | 2.2 NAME | Aaron Baker |
| STREET ADDRESS | 2505 SUMMERFIELD LANE | 2.3 STREET ADDRESS | 2517 Summerfield Lane |
| CITY-ST-ZIP | BALDWIN FL 32234 | 2.4 CITY-ST-ZIP | Baldwin, Florida 32234 |
| TITLE | T | 3.1 TITLE | T |
| NAME | DANIELS, SALLY | 3.2 NAME | Bill Waller |
| STREET ADDRESS | 670 CEDAR AVE. | 3.3 STREET ADDRESS | Post Office Box 208 |
| CITY-ST-ZIP | BALDWIN FL | 3.4 CITY-ST-ZIP | Bryceville, Florida 32009 |
| TITLE | T | 4.1 TITLE | |
| 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 | 5.1 TITLE | |
| 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 | T | 6.1 TITLE | |
| NAME | HAGAN, JOE | 6.2 NAME | |
| STREET ADDRESS | 12021 W BEAVER ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32220 | 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: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)