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Jan 17 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 # 715774 (6)

1. Corporation Name
FIRST BAPTIST CHURCH OF CRESCENT CITY, FLORIDA, INC.



Principal Place of Business Mailing Address
101 S SUMMIT ST CRESCENT CITY FL 32112
101 S SUMMIT ST CRESCENT CITY FL 32112-2741

3. Date Incorporated or Qualified 12/23/1968
3a. Date of Last Report 02/01/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number 59-2345867 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
HANKEMEYER, (MRS.) MILDRED
TOMPKINS ROAD
LAKE COMO, FL
32157

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	S HANKEMEYER, MILDRED [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	HANKEMEYER, MILDRED	1.2 NAME	
STREET ADDRESS	TOMPKINS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO FL	1.4 CITY-ST-ZIP	
TITLE	D HALE, JIM [X] DELETE	2.1 TITLE	[X] Change [] Addition
NAME	HALE, JIM	2.2 NAME	MORRIS, LEE
STREET ADDRESS	GOLF COURSE STREET	2.3 STREET ADDRESS	BEULAH CHURCH ROAD
CITY-ST-ZIP	RIVER PARK FL	2.4 CITY-ST-ZIP	FRUITLAND FL
TITLE	D HAYES, LE ROY [X] DELETE	3.1 TITLE	[X] Change [] Addition
NAME	HAYES, LE ROY	3.2 NAME	DON DAVIS
STREET ADDRESS	HOLLY LANE	3.3 STREET ADDRESS	N LAKE STREET
CITY-ST-ZIP	CRESCENT CITY FL	3.4 CITY-ST-ZIP	CRESCENT CITY FL
TITLE	D TALBOT, JIM [X] DELETE	4.1 TITLE	[X] Change [] Addition
NAME	TALBOT, JIM	4.2 NAME	BOB PUGH
STREET ADDRESS	PINE PLANTATION ROAD	4.3 STREET ADDRESS	LAKE COMO DRIVE
CITY-ST-ZIP	GEORGETOWN FL	4.4 CITY-ST-ZIP	POMONA PARK FL
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] 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 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: Mildred Hankemeyer
Date: Jan 6, 1997
Daytime Phone: 904-698-1578
#0001845

CR2E037 (9/96)