

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

1997 OCT -2 PM 3: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1997 AmeriDeal
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **715933**
 1. Corporation Name
Santa Rosa Shores Baptist Church, Inc.

Principal Place of Business Mailing Address
PO Box 40 **same**
3165 Highway 98
Gulf Breeze, FL 32562-7040

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

3. Date incorporated or Qualified **1-23-69** 3a. Date of Last Report **1-25-97**
 4. FEI Number **n/a** 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
Murphy, Ernest E.
3610 Ebb Tide Lane
Gulf Breeze, FL 32561

10. Name and Address of New Registered Agent
 81 Name **Poland, Jeanette T.**
 82 Street Address (P.O. Box Number is Not Acceptable) **2369 Ash Lane**
 83
 84 City **Navarre** FL 85 Zip Code **32566**

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 **Jeanette J. Poland** **Jeanette T. Poland** **9-23-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	Willet, Glenda	
STREET ADDRESS	910 Largo Dr.	
CITY-ST-ZIP	Pensacola Bch, FL	
TITLE	RD	<input checked="" type="checkbox"/> DELETE
NAME	Delp, Richard	
STREET ADDRESS	3241 Notre Dame Dr.	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	Murphy, Ernest E	
STREET ADDRESS	3610 Ebb Tide Lane	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pittman, Paula	
1.3 STREET ADDRESS	1402 El Sereno Pl	
1.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
2.1 TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jenkins, Elton	
2.3 STREET ADDRESS	1251 Ainsworth Dr.	
2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Poland, Jeanette T.	
3.3 STREET ADDRESS	2369 Ash Ln.	
3.4 CITY-ST-ZIP	Navarre, FL 32566	
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 checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: **Jeanette J. Poland** **Jeanette T. Poland** **9-23-97** **850-939-4194**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/96)