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Mar 19 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 # 717399 (0)
1. Corporation Name
FIRST BAPTIST CHURCH OF ROCK SPRINGS, INC.



Principal Place of Business Mailing Address
PO BOX 1653 APOPKA FL 32712 PO BOX 1653 APOPKA FL 32704-1653

3. Date incorporated or Qualified 10/21/1969 3a. Date of Last Report 05/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1967748	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
23	28	28	\$5.00 May Be Added to Fees
City & State	City & State	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	30	
24	25	29	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DESFORGES, JERRY 2405 FAIRBLUFF ROAD ZELLWOOD FL 32798	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

14. 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST BOYER, DIANE 718 ROLLING GREEN DR. APOPKA FL	1.1 TITLE	D. Haisis Chadwick
NAME		1.2 NAME	730 Haas Rd.
STREET ADDRESS		1.3 STREET ADDRESS	Apopka, FL 32712
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D JOHNSON, RONALD 3600 TARPON DRIVE ORLANDO FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T RICHARDSON, FAY 4846 CEDAR ST APOPKA FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T FAIRCLOTH, ROBERT, P.O. BOX 1942 N/A APOPKA FL 32704	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T WALKER, GENEVNA 424 OLD DIXIE HY PLYMOUTH FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	BOYER, DIANE	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: Diane Boyer Diane Boyer 2/19/97 880-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012782

CR2E037 (9/96)