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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 # 717604 (3)
1. Corporation Name
FIRST BAPTIST CHURCH OF JASMINE LAKES, INC.



Principal Place of Business: 6835 JASMINE BLVD. PORT RICHEY FL 34668
Mailing Address: 6835 JASMINE BLVD. PORT RICHEY FL 34668-2123

3. Date Incorporated or Qualified: 11/24/1969
3a. Date of Last Report: 06/21/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21 Suite, Apt #, etc
22 City & State
23 Zip Country
24 Zip Country

4. FEI Number: 59-1500798
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
ORTALIZ, MIKE
10336 LEANING OAK DR
~~10516 HIBISCUS DR~~
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Delete
84 City
85 Zip Code: FL

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: *Stan Burden* DATE: 3-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: CLEAVER, LINDA	1.1 TITLE: D	1.2 NAME: KAREN ORTALIZ
STREET ADDRESS: 10414 FLAGSHIP AVENUE	CITY-ST-ZIP: PORT RICHEY FL	1.3 STREET ADDRESS: 10336 LEANING OAK DR.	1.4 CITY-ST-ZIP: PORT RICHEY, FL 34668
TITLE: TR	NAME: CLEAVER, EDWARD	2.1 TITLE: D	2.2 NAME: James Orndorff
STREET ADDRESS: 10414 FLAGSHIP AVE	CITY-ST-ZIP: PORT RICHEY FL	2.3 STREET ADDRESS: 6819 Jasmine Blvd.	2.4 CITY-ST-ZIP: Port Richey, FL 34668
TITLE: T	NAME: CLEAVER, LINDA	3.1 TITLE: T	3.2 NAME: STAN BURDEN
STREET ADDRESS: 10414 FLAGSHIP AVENUE	CITY-ST-ZIP: PORT RICHEY FL	3.3 STREET ADDRESS: 10517 HIBISCUS DR.	3.4 CITY-ST-ZIP: PORT RICHEY, FL 34668
TITLE: [] DELETE	NAME: [] DELETE	4.1 TITLE: [] DELETE	4.2 NAME: [] DELETE
TITLE: [] DELETE	NAME: [] DELETE	4.3 STREET ADDRESS: [] DELETE	4.4 CITY-ST-ZIP: [] DELETE
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TITLE: [] DELETE	NAME: [] DELETE	6.3 STREET ADDRESS: [] DELETE	6.4 CITY-ST-ZIP: [] DELETE

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: *Stan Burden* DATE: 3-3-97 1-815-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)