


FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717933 (6)
1. Corporation Name
THE FIRST BAPTIST CHURCH OF VERNON, FLORIDA, INC



Principal Place of Business N CHURCH ST BLOCK 3 POB 854 VERNON FL 32462	Mailing Address N CHURCH ST BLOCK 3 POB 854 VERNON FL 32462-0054
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3. Date Incorporated or Qualified 01/22/1970	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2706877	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent ADAMS, JOHNNIE CHURCH ST. VERNON FL 32462	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	WARREN, YOUNG S
STREET ADDRESS	HIGHWAY 278
CITY - ST - ZIP	VERNON FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HERRING, KATHY
STREET ADDRESS	HWY 77
CITY - ST - ZIP	VERNON FL 32462
TITLE	SD <input type="checkbox"/> DELETE
NAME	PATE, DONNA
STREET ADDRESS	HWY 277
CITY - ST - ZIP	VERNON FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HODGES, PATRICIA
STREET ADDRESS	CHURCH STREET
CITY - ST - ZIP	VERNON FL
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	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donna Pate
1.3 STREET ADDRESS	Dottie West Rd.
1.4 CITY - ST - ZIP	Chipley, FL 32428
2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steve Elmore
2.3 STREET ADDRESS	2901 Moss Hill Rd.
2.4 CITY - ST - ZIP	Vernon, FL 32462
3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Teresa Elmore
3.3 STREET ADDRESS	2901 Moss Hill Rd.
3.4 CITY - ST - ZIP	Vernon, FL 32462
4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Patricia Herndon
4.3 STREET ADDRESS	2986 Church St.
4.4 CITY - ST - ZIP	Vernon, FL 32462
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Patricia Herndon 2/20/97 (904)535-1914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 4010379

CR2E037 (9/96)