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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		3. Date Incorporated or Qualified 01/22/1970
2. Principal Place of Business 21 2888 Church St.		2a. Mailing Address 26		4. FEI Number 59-2706877
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent ADAMS, JOHNNIE CHURCH ST. VERNON FL 32462		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	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	WARREN, YOUNG S	1.2 NAME	Brock Tenille
STREET ADDRESS	HIGHWAY 278	1.3 STREET ADDRESS	PO BOX 193
CITY-ST-ZIP	VERNON FL	1.4 CITY-ST-ZIP	VERNON, FL 32462
TITLE	VD	2.1 TITLE	PRESIDENT/DIRECTOR
NAME	HERRING, KATHY	2.2 NAME	HENRY DAY
STREET ADDRESS	HWY 77	2.3 STREET ADDRESS	OLD BONIFAY RD
CITY-ST-ZIP	VERNON FL 32462	2.4 CITY-ST-ZIP	VERNON, FL 32462
TITLE	SD	3.1 TITLE	SECRETARY
NAME	PATE, DONNA	3.2 NAME	
STREET ADDRESS	DOTTIE WEST RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	TREASURER
NAME	HERNDON, PATRICIA	4.2 NAME	AUDREY SEXTON
STREET ADDRESS	2888 Church St	4.3 STREET ADDRESS	POB 354
CITY-ST-ZIP	VERNON FL	4.4 CITY-ST-ZIP	VERNON, FL 32462
TITLE	VD	5.1 TITLE	VICE PRESIDENT/DIRECTOR
NAME	ELMORE, STEVE	5.2 NAME	WILLARD SEXTON
STREET ADDRESS	2901 MOSS HILL RD	5.3 STREET ADDRESS	PO BOX 354
CITY-ST-ZIP	VERNON FL	5.4 CITY-ST-ZIP	VERNON, FL 32462
TITLE	SD	6.1 TITLE	
NAME	ELMORE, TERESA	6.2 NAME	
STREET ADDRESS	2901 MOSS HILL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL	6.4 CITY-ST-ZIP	

14. I 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: *Donna P. Pate* 5/10/98 857-638-6219

CR2E037 (10/97)