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May 15 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 # 720287 (2)
1. Corporation Name
ANTIOCH BAPTIST CHURCH OF EAGLE LAKE, INC.



Principal Place of Business: 4335 TRANSPORT RD. BARTOW FL 33830
Mailing Address: 4335 TRANSPORT RD. BARTOW FL 33830-8939

3. Date Incorporated or Qualified: 02/18/1971
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2366033
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26 P O Box 1113
Suite, Apt. #, etc.: 22
City & State: 23 EAGLE LAKE FL
Zip: 24 33839 Country: 25 USA
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 USA

9. Name and Address of Current Registered Agent
BOTTOMS, L.G.
4850 SANHEATH LANE
BARTOW FL 33830

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BOTTOMS, L.G.	
STREET ADDRESS	4850 SANHEATH LANE	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LONG, ELOISE	
STREET ADDRESS	4065 HUNT ROAD	116 LICHTENWALTER RD
CITY - ST - ZIP	BARTOW FL 33830	WINTER HAVEN FL 33880
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVAN, GLEN REV	
STREET ADDRESS	1552 LAKE SHIPP DR. S.	
CITY - ST - ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORTNER, W. C.	
STREET ADDRESS	795 SHADY LANE	
CITY - ST - ZIP	BARTOW FL 33880	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, HENRY B.	
STREET ADDRESS	475 LOT 2 N 91 MINE RD	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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: Eloise Long SIGNATURE REQUIRED Date: 4/26/97 (941)294-8856

CR2E037 (9/96)