

FILE NOW: FILING FEE IS \$61.25

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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720841 (6)
1. Corporation Name
THE FLORIDA GENERAL BAPTIST CONVENTION, INC.



Principal Place of Business Mailing Address
11591 S.W. 220TH STREET MIAMI FL 33170-2939
11591 S.W. 220TH STREET MIAMI FL 33170-2939

3. Date Incorporated or Qualified 04/30/1971
3a. Date of Last Report 02/16/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2209109	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WISE, JAMES C. 11591 S.W. 220TH STREET MIAMI FL 33170-2939	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, JAMES	1.2 NAME	
STREET ADDRESS	11591 S.W. 220TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33170-2939	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, C.C.	2.2 NAME	
STREET ADDRESS	P.O. BOX 61 (N/A)	2.3 STREET ADDRESS	
CITY - ST - ZIP	LIVE OAK FL 32060	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPS, F.T.	3.2 NAME	
STREET ADDRESS	4851 BOOKER STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAEWEATHER, FRED	4.2 NAME	
STREET ADDRESS	9225 S.W. 27TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL 33476	4.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, DOUGLAS	5.2 NAME	COOK, DOUGLAS
STREET ADDRESS	2831 N.W. 190TH STREET	5.3 STREET ADDRESS	2831 N.W. 190TH STREET
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	MIAMI, FL
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, W.C.	6.2 NAME	
STREET ADDRESS	3430 N.W. 2ND STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	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: *[Signature]* 02/08/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032462

CP2E037 (9/96)