

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 721541 (1)
1. Corporation Name
FIRST BAPTIST CHURCH OF ALTOONA, FLORIDA, INC.



Principal Place of Business	Mailing Address
42226 SR 19 P.O. BOX 97 ALTOONA FL 32702	42226 SR 19 P.O. BOX 97 ALTOONA FL 32702

3. Date Incorporated or Qualified 08/18/1971	3a. Date of Last Report 03/30/1995
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2126039	Applied For Not Applicable
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	Zip 29	Country 30
8. 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			
CARTER, ARTHUR 41333 SUNSHINE AVE UMATILLA FL 32784				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Arthur Carter, Church Administrator DATE 4/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ARTHUR	1.2 NAME	
STREET ADDRESS	41333 SUNSHINE AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	UMATILLA FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEAVY, PERRY	2.2 NAME	
STREET ADDRESS	575 WISTERIA AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	UMATILLA FL	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGH, DAVIS	3.2 NAME	
STREET ADDRESS	42114 W LAKEVIEW DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALTOONA FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, ROBERT	4.2 NAME	
STREET ADDRESS	15535 SE 294TH TERR RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ALTOONA FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEQUIST, KENNETH	5.2 NAME	
STREET ADDRESS	29550 SE 152ND PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ALTOONA FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, JAMES	6.2 NAME	
STREET ADDRESS	XXXXXXX 20839 N ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	ALTOONA FL	6.4 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Arthur Carter Arthur Carter 04/25/96 352-669-2806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)