


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721541 (1)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF ALTOONA, FLORIDA, INC.**



Principal Place of Business <b>42226 SR 19 P.O. BOX 97 ALTOONA FL 32702</b>	Mailing Address <b>42226 SR 19 P.O. BOX 97 ALTOONA FL 32702-0097</b>
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<b>21</b> 2. Principal Place of Business	<b>2a</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3</b> Date Incorporated or Qualified <b>06/18/1971</b>	<b>3a</b> Date of Last Report <b>06/19/1996</b>
<b>4</b> FEI Number <b>59-2126039</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> 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**

**CARTER, ARTHUR**  
**41333 SUNSHINE AVE**  
**UMATILLA FL 32784**

**10. Name and Address of New Registered Agent**

**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 *Arthur Carter* **Arthur Carter** **Jan. 27, 1997**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, ARTHUR</b>	1.2 NAME	
STREET ADDRESS	<b>41333 SUNSHINE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>UMATILLA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEAVY, PERRY</b>	2.2 NAME	
STREET ADDRESS	<b>575 WISTERIA AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>UMATILLA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGH, DAVIS</b>	3.2 NAME	
STREET ADDRESS	<b>42114 W LAKEVIEW DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTOONA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DODSON, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>15535 SE 294TH TERR RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTOONA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOEQUIST, KENNETH</b>	5.2 NAME	
STREET ADDRESS	<b>29550 SE 152ND PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTOONA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLATER, JAMES</b>	6.2 NAME	
STREET ADDRESS	<b>20839 N ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTOONA FL</b>	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: *Arthur Carter* **Arthur Carter** **(352) 669-2806**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012639  
**Jan. 27, 1997**

CR2E037 (9/96)