

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **722463** (7)
1. Corporation Name
FIRST BAPTIST CHURCH OF FRUITLAND PARK, INC.



Principal Place of Business: **509 WEST BERCKMAN STREET FRUITLAND PARK FL 34731**
Mailing Address: **509 WEST BERCKMAN STREET FRUITLAND PARK FL 34731**

3. Date Incorporated or Qualified: **01/17/1972**
3a. Date of Last Report: **06/12/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-0688958**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**TAYLOR, LAWRENCE E - ATTORNEY
1029 W MAGNOLIA ST
P. O. BOX 477
LEESBURG FL 34748**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CROUSE, DALE	
STREET ADDRESS	02031 TOBY LANE FRUITLAND PARK FL	
CITY - ST - ZIP		
TITLE	TC	<input checked="" type="checkbox"/> DELETE
NAME	MCTUREOUS, BASIL	
STREET ADDRESS	604 ORANGE STREET FRUITLAND PARK FL	
CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, JOHN	
STREET ADDRESS	1225 LEWIS RD LEESBURG FL	
CITY - ST - ZIP		
TITLE	TS	<input type="checkbox"/> DELETE
NAME	SUMNER, KEITH	
STREET ADDRESS	05345 TWIN PALMS RD FRUITLAND PARK FL	
CITY - ST - ZIP		
TITLE	TC	<input type="checkbox"/> DELETE
NAME	PRINDLE, ENWIN	
STREET ADDRESS	1607 DONAL CIRCLE LADY LAKE FL	
CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE
NAME	DUNCAN, JIM	
STREET ADDRESS	4304 EMMAUS RD FRUITLAND PK FL	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	TYRE, ODEEN	
13 STREET ADDRESS	5300 CR.171 WILDWOOD, FL.	
14 CITY - ST - ZIP		
21 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CHASTAIN, IVAN	
23 STREET ADDRESS	03639 TROUT AVE. FRUITLAND PARK FL	
24 CITY - ST - ZIP		
31 TITLE	TVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ERWIN PRINDLE	
53 STREET ADDRESS	1607 DORAL CIRCLE	
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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: *Keith A. Sumner* **2-5-96** **787-4343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Keith Sumner, Trustee, Chairman

CR2E037 (12/95)