

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # 722463 (7)**

1. Corporation Name  
**FIRST BAPTIST CHURCH OF FRUITLAND PARK, INC.**

Principal Place of Business <b>509 WEST BERCKMAN STREET FRUITLAND PARK FL 34731</b>	Mailing Address <b>509 WEST BERCKMAN STREET FRUITLAND PARK FL 34731</b>
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

3. Date Incorporated or Qualified  
**01/17/1972**

4. FEI Number  
**59-0688958**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

TITLE	STR	<input checked="" type="checkbox"/> DELETE
NAME	TYRE, ODEEN	
STREET ADDRESS	5300 CR. 171	
CITY - ST - ZIP	WILDWOOD FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	HAMRIC, GERALD	
STREET ADDRESS	300 COLLEGE AVE.	
CITY - ST - ZIP	FRUITLAND PARK FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	HOWARD, MICHAEL	
STREET ADDRESS	308 THOMAS ST.	
CITY - ST - ZIP	FRUITLAND PARK FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	CROUSE, DALE	
STREET ADDRESS	02031 TOBY LANE	
CITY - ST - ZIP	FRUITLAND PARK FL	
TITLE	CTR	<input checked="" type="checkbox"/> DELETE
NAME	PRINDLE, ERWIN	
STREET ADDRESS	1807 DORAL CIRCLE	
CITY - ST - ZIP	LADY LAKE FL	
TITLE	VTR	<input type="checkbox"/> DELETE
NAME	DUNCAN, JIM	
STREET ADDRESS	4304 EMMAUS RD	
CITY - ST - ZIP	FRUITLAND PK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Inman, Wesley	
1.3 STREET ADDRESS	704 Mike St.	
1.4 CITY - ST - ZIP	Fruitland Park FL 34731	
2.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Taylor, Charles	
2.3 STREET ADDRESS	1720 Indian Trail	
2.4 CITY - ST - ZIP	Leesburg FL 34731	
3.1 TITLE	STR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Strong, Scott	
5.3 STREET ADDRESS	36404 Via Marcia	
5.4 CITY - ST - ZIP	Fruitland Park FL 34731	
6.1 TITLE	CTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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: *Michael Howard* Michael Howard, Sec./Trustees

CR2E037 (10/97)