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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 722463

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/17/1972
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0688958
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TAYLOR, LAWRENCE E - ATTORNEY 1029 W MAGNOLIA ST P. O. BOX 477 LEESBURG FL 34748	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 _____ DATE _____
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	TR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INMAN, WESLEY	1.2 NAME	TR Wesley Inman
STREET ADDRESS	704 MIKE ST	1.3 STREET ADDRESS	704 Mike St.
CITY-ST-ZIP	FRUITLAND PARK FL 34731	1.4 CITY-ST-ZIP	Fruitland Park FL 34731
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CHARLES	2.2 NAME	TR loyal Whiteside
STREET ADDRESS	1720 INDIAN TRAIL	2.3 STREET ADDRESS	119 Winterberry
CITY-ST-ZIP	LEESBURG FL 34731	2.4 CITY-ST-ZIP	Wildwood FL 34785
TITLE	STR <input type="checkbox"/> DELETE	3.1 TITLE	STR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, MICHAEL	3.2 NAME	STR scott Strong
STREET ADDRESS	308 THOMAS ST.	3.3 STREET ADDRESS	36404 Via Marcia
CITY-ST-ZIP	FRUITLAND PARK FL	3.4 CITY-ST-ZIP	Fruitland Park FL 34731
TITLE	VTR <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUSE, DALE	4.2 NAME	VTR Charles Taylor
STREET ADDRESS	02031 TOBY LANE	4.3 STREET ADDRESS	1720 Indian Trl.
CITY-ST-ZIP	FRUITLAND PARK FL	4.4 CITY-ST-ZIP	leesburg FL 34748
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONG, SCOTT	5.2 NAME	TR Billy Osbourne
STREET ADDRESS	36404 VIA MARCIA	5.3 STREET ADDRESS	9 Captains Point
CITY-ST-ZIP	FRUITLAND PARK FL 34731	5.4 CITY-ST-ZIP	Fruitland Park FL 34731
TITLE	CTR <input checked="" type="checkbox"/> DELETE	6.1 TITLE	CTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, JIM	6.2 NAME	CTR michael Howard
STREET ADDRESS	4304 EMMAUS RD	6.3 STREET ADDRESS	308 Thomas St.
CITY-ST-ZIP	FRUITLAND PK FL	6.4 CITY-ST-ZIP	Fruitland Park FL 34731

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, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** 1-21-99 352-787-2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)