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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723781 (1)

1. Corporation Name
FIRST BAPTIST CHURCH OF DELTONA, INC



Principal Place of Business 1200 PROVIDENCE BLVD. DELTONA FL 32725-7383 US	Mailing Address 1200 PROVIDENCE BLVD. DELTONA FL 32725-7327 US
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3. Date Incorporated or Qualified 06/30/1972	3a. Date of Last Report 02/14/1996
4. FEI Number 59-1416972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 32725-7898	Country 25 Volusia
Zip 29 32725-7898	Country 30 Volusia

9. Name and Address of Current Registered Agent

**HARMAN, SAM
2838 ARRENDONDA DRIVE
DELTONA FL 32738**

10. Name and Address of New Registered Agent

**81 Name DONALD PALMER
82 Street Address (P.O. Box Number is Not Acceptable) 2334 FAIRGREN AVE.
83
84 City DELTONA FL 85 Zip Code 32738**

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 *Donald Palmer* **3-14-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	T	
NAME	SHANK, TIM	
STREET ADDRESS	1782 HARBINGER TERR	
CITY-ST-ZIP	DELTONA FL	
TITLE	P	
NAME	HARMAN, SAM	
STREET ADDRESS	2838 ARRENDONDA DR	
CITY-ST-ZIP	DELTONA FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	HERCHENRODER, DONALD J	
STREET ADDRESS	1087 WEST HANCOCK DR.	
CITY-ST-ZIP	DELTONA, FL 00000	
TITLE	D	
NAME	PRESCOTT, CHARLES R	
STREET ADDRESS	645 HYMAN DR	
CITY-ST-ZIP	DEBARY FL	
TITLE	D	
NAME	SCHRIMSCHER, FERREL W	
STREET ADDRESS	1311 WEST HARTLEY CIR.	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	
NAME	PALMER, DON	
STREET ADDRESS	2334 FAIRGREN AVE.	
CITY-ST-ZIP	DELTONA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	HARMAN, SAM		
2.3 STREET ADDRESS	2838 ARRENDONDA DR		
2.4 CITY-ST-ZIP	DELTONA FL 32738		
3.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL P. RUSH		
3.3 STREET ADDRESS	1072 AARON DRIVE		
3.4 CITY-ST-ZIP	DELTONA, FL 32725		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	PALMER, DONALD		
6.3 STREET ADDRESS	2334 FAIRGREN AVE		
6.4 CITY-ST-ZIP	DELTONA, FL 32738		

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 *Donald Palmer* **3-14-97**

CR2E037 (9/96)