

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

FILED

Mar 07 1996 8:00 am

Secretary of State

DOCUMENT # 723940 (3)

1. Corporation Name

FIRST BAPTIST CHURCH OF MARIANNA, INC. THE

Principal Place of Business

2897 GREEN STREET
MARIANNA FL 32446
US

Mailing Address

2897 GREEN STREET
MARIANNA FL 32446
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/24/1972

3a. Date of Last Report

03/02/1995

4. FEI Number

59-0864592

Applied For

Not Applicable

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

BASFORD, STEVE
2897 GREEN STREET
MARIANNA FL 32446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BASFORD, STEVE
STREET ADDRESS 2897 GREEN STREET
CITY-ST-ZIP MARIANNA FL

DELETE

TITLE TD
NAME HAMILTON, JOHN
STREET ADDRESS 4636 THE OAKS DRIVE
CITY-ST-ZIP MARIANNA, FL 00000

DELETE

TITLE D
NAME HAYLES, VELMA
STREET ADDRESS 2949 SPRING STREET
CITY-ST-ZIP MARIANNA FL

DELETE

TITLE D
NAME GALLOWAY, WILLIAM
STREET ADDRESS 5139 LAKE BLUFF CIRCLE
CITY-ST-ZIP MARIANNA FL

DELETE

TITLE SD
NAME CARAWAY, VIVIAN
STREET ADDRESS 2897 GREEN STREET
CITY-ST-ZIP MARIANNA, FL 00000

DELETE

TITLE D
NAME DOUGHERTY, DALE
STREET ADDRESS 3036 NOLAND STREET
CITY-ST-ZIP MARIANNA FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME PETERS, DOROTHY
1.3 STREET ADDRESS 3392 Highway 73
1.4 CITY-ST-ZIP MARIANNA FL 32446

Change

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

904-526-4200

Date

Daytime Phone #

CR2E037 (12/95)