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Feb 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **723940** (3)

1. Corporation Name

FIRST BAPTIST CHURCH OF MARIANNA, INC. THE

Principal Place of Business

Mailing Address

**2897 GREEN STREET
MARIANNA FL 32446
US**

**2897 GREEN STREET
MARIANNA FL 32446-3307
US**



3. Date Incorporated or Qualified
07/24/1972

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BASFORD, STEVE
2897 GREEN STREET
MARIANNA FL 32446**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME D Peters, Dorothy
1.3 STREET ADDRESS 3892 HWY 73
1.4 CITY-ST-ZIP MARIANNA FL 32446

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

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

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

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

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

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

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

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

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

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 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:

Steve Basford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/97 (904) 592-6115
Date Daytime Phone

CR2E037 (9/96)