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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723940

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	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/24/1972
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0864592
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	Fred Harris
82 Street Address (P.O. Box Number is Not Acceptable)	2897 Green St.
83	
84 City	MARIANNA FL
85 Zip Code	32446

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 Fred Harris (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASFORD, STEVE	1.2 NAME	Harris, Fred
STREET ADDRESS	2897 GREEN STREET	1.3 STREET ADDRESS	2897 Green St.
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	MARIANNA, FL. 32446
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, JOHN	2.2 NAME	Crisp, Bob
STREET ADDRESS	4636 THE OAKS DRIVE	2.3 STREET ADDRESS	2305 Fillmore DR.
CITY-ST-ZIP	MARIANNA, FL 00000	2.4 CITY-ST-ZIP	Marianna, FL. 32446
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYLES, VELMA	3.2 NAME	
STREET ADDRESS	2949 SPRING STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, WILLIAM	4.2 NAME	Peacock, Bill
STREET ADDRESS	5139 LAKE BLUFF CIRCLE	4.3 STREET ADDRESS	3391 Hwy. 73
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	Marianna, FL. 32446
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAWAY, VIVIAN	5.2 NAME	Hagan, Kimberly
STREET ADDRESS	2897 GREEN STREET	5.3 STREET ADDRESS	2897 Green St.
CITY-ST-ZIP	MARIANNA, FL 00000	5.4 CITY-ST-ZIP	Marianna, FL. 32446
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHERTY, DALE	6.2 NAME	Hill, Carlos
STREET ADDRESS	3036 NOLAND STREET	6.3 STREET ADDRESS	3163 Second St.
CITY-ST-ZIP	MARIANNA FL	6.4 CITY-ST-ZIP	Marianna FL. 32446

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: Fred Harris SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

Daytime Phone #

CR2E037 (1/98)