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May 16 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 # 724370 (2)

1. Corporation Name
FIRST BAPTIST CHURCH OF FLORAL CITY, INC.



Principal Place of Business Mailing Address
8545 EAST MAGNOLIA ST. PO BOX 114 FLORAL CITY FL 32636
8545 EAST MAGNOLIA ST. PO BOX 114 FLORAL CITY FL 34438-0114

3. Date Incorporated or Qualified 09/18/1972 3a. Date of Last Report 03/07/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1757718	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	30	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ART, GREGORY D 7595 DUVAL ISLAND DR. FLORAL CITY FL 34438				81	Name		Claude Hibbard
				82	Street Address (P.O. Box Number is Not Acceptable)		Hibbard Path
				83			
				84	City	Floral City	FL
				85	Zip Code	34438	

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: *Claude Hibbard*
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 ART, GREGORY 7595 DUVAL ISLAND DR. FLORAL CITY FL 34438	1.1 TITLE	PD Hibbard, Claude Hibbard Path Floral City, FL 34438
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V CALDWELL, JOSEPH 10617 E TURTLE LANE FLORAL CITY FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD MISHOU, JOANNE 12110 S OLD JONES ROAD FLORAL CITY FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD KUH, GARY 6620 MERLEING LOOP FLORAL CITY FL	4.1 TITLE	D Kuhl, Gary 6620 Merleing Loop Floral City, FL
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KUH, ELICIA 6620 MERLEING FLORA CITY FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D HANNIE, STEVE 9480 E TSALA APOPKA DR FLORAL CITY FL	6.1 TITLE	T/D Hannie, Steve 9480 E. Tsala Apopka Dr. Floral City, FL
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(h), 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: *[Signature]* SIGNATURE REQUIRED
Date: 4-21-97 Daytime Phone #: 0065124

CFR2E037 (9/96)