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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724370 (2)
 1. Corporation Name
FIRST BAPTIST CHURCH OF FLORAL CITY, INC.



Principal Place of Business 8545 EAST MAGNOLIA ST. PO BOX 114 FLORAL CITY FL 32636	Mailing Address 8545 EAST MAGNOLIA ST. PO BOX 114 FLORAL CITY FL 32636
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3. Date Incorporated or Qualified 09/18/1972	
4. FEI Number 59-1757718	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 type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
HIBBARD, CLAUDE
7595 DUVAL ISLAND DR.
FLORAL CITY FL 34436

10. Name and Address of New Registered Agent
 81 Name **Roy M. Thompson**
 82 Street Address (P.O. Box Number is Not Acceptable) **8111 E. Sunray Ln.**
 83 **Floral City, FL**
 84 City **FL** 85 Zip Code **34436**

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 *Roy M. Thompson* DATE **1-9-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE
NAME	CALDWELL, JOSEPH
STREET ADDRESS	10617 E TURTLE LANE
CITY - ST - ZIP	FLORAL CITY FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MISHOU, JOANNE
STREET ADDRESS	12110 S OLD JONES ROAD
CITY - ST - ZIP	FLORAL CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KUHL, GARY
STREET ADDRESS	6620 MERLEING LOOP
CITY - ST - ZIP	FLORAL CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KUHL, ELICIA
STREET ADDRESS	6620 MERLEING
CITY - ST - ZIP	FLORA CITY FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HANNIE, STEVE
STREET ADDRESS	9480 E TSALA APOPKA DR
CITY - ST - ZIP	FLORAL CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	D Scott, Larry
5.3 STREET ADDRESS	10245 E. Trails End Rd.
5.4 CITY - ST - ZIP	Floral City, FL 34436
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hibbard, Claude
6.3 STREET ADDRESS	7595 Duval Island Dr.
6.4 CITY - ST - ZIP	Floral City, FL 34436

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.

SIGNATURE: *Roy M. Thompson* SIGNATURE REQUIRED: *Roy M. Thompson* DATE: **1-9-98** **726-4296**

CR2E037 (10/97)