


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90074 026 ****61.25

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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 # 724821

1. Corporation Name
FIRST BAPTIST CHURCH OF HUDSON, FLORIDA, INC.

Principal Place of Business 7009 HUDSON AVE HUDSON FL 34667 US	Mailing Address 7009 HUDSON AVENUE HUDSON FL 34667 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/16/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2348746
City & State 23	City & State 28	Applied For <input checked="" type="checkbox"/> Not Applicable \$8.75 Additional Fee Required
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMSTUTZ, IVAN 8962 LAUREL NEW PORT RICHEY FL 33553		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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]* DATE: 1/13/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T BROWNORTH, ELWOOD	1.2 NAME	GUELICH, ROBERT R.
STREET ADDRESS	7810 VENICE DR	1.3 STREET ADDRESS	10910 PETER AVE
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	HUDSON, FL. 34667
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT SMITH, KIM	2.2 NAME	GREER, NANCY
STREET ADDRESS	7140 TERRACE DR	2.3 STREET ADDRESS	7402 YACHTSMAN DR.
CITY-ST-ZIP	HUDSON FL 34667	2.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D AMSTUTZ, IVAN	3.2 NAME	
STREET ADDRESS	10128 LOY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C LETHCER, NANCY	4.2 NAME	GUELICH, GAY H.
STREET ADDRESS	7704 NEW YORK AVE	4.3 STREET ADDRESS	10910 PETER AVE
CITY-ST-ZIP	HUDSON FL 34667	4.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* DATE: 1/13/99

FEES REQUIRED 727 869 7123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)