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Feb 28 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 # 731548 (4)  
1. Corporation Name  
FIRST BAPTIST CHURCH OF DUNNELLON, FLORIDA, INC.



Principal Place of Business: 20831 POWELL RD, DUNNELLON FL 34431-6301  
Mailing Address: 20831 POWELL RD, DUNNELLON FL 34431-6402

3. Date Incorporated or Qualified: 01/03/1975  
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.  
4. FEI Number: 59-0979920  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: HICKS, J. CHRISTOPHER, 18750 SW 77 PLACE ROAD, DUNNELLON FL 34432  
10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	RYMAN, ISAAC R SR. 12335 N OAKLEAF TERR DUNNELLON FL	<input checked="" type="checkbox"/> DELETE	
TITLE: SD	SIMS, BETTY M. 9585 S.W. 190TH AVE ROAD DUNNELLON FL	<input type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: Jack Niedermayer Sr. 1.3 STREET ADDRESS: 20650 S.W. 102nd St. Rd. 1.4 CITY - ST - ZIP: Dunnellon, FL 34431
TITLE: VD	BRAY, TERRY R. 19971 WOOD DUCK DR DUNNELLON FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	HICKS, J. CHRISTOPHER 18750 SW 77 PLACE ROAD DUNNELLON FL	<input type="checkbox"/> DELETE	3.1 TITLE: VD 3.2 NAME: Joe Ford 3.3 STREET ADDRESS: 9660 Matsonford Ave. 3.4 CITY - ST - ZIP: Dunnellon, FL 34433
TITLE: <input type="checkbox"/> DELETE			4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE			5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE			6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J. Christopher Hicks* 2-20-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065004

CR2E037 (9/96)