

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 732789 (3)**

1. Corporation Name  
**FIRST BAPTIST CHURCH, INC.**

Principal Place of Business	Mailing Address
702 E. NEW HAVEN AVE. P.O. BOX 366 MELBOURNE FL 32901	702 E. NEW HAVEN AVE. P.O. BOX 366 MELBOURNE FL 32901

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 21 AM 9:47**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/19/1975	02/15/1994
4. FEI Number	Applied For
59-0782447	Not Applicable
5. Certificate of Status Desired	<input checked="" 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. 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

**JONES, CECIL S.**  
**1808 PINE STREET**  
**MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	DEBORD, WINSTON
STREET ADDRESS	123 E. AVE. B
CITY - ST - ZIP	MELBOURNE FL
TITLE	D
NAME	GILLIS, KNOX A.
STREET ADDRESS	5275 LAGUNA VISTA DRIVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	TD
NAME	ROBINSON, JACK P
STREET ADDRESS	3393 MAZUR DIRVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	D
NAME	GOODSON, RAYMOND
STREET ADDRESS	2075 D. AVENUE
CITY - ST - ZIP	MELBOURNE FL
TITLE	P
NAME	JONES, CECIL
STREET ADDRESS	C/O 702 E. NEW HAVEN AVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	V
NAME	RICE, ROBBINS
STREET ADDRESS	1905 S. PARK AVE.
CITY - ST - ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES COX	
1.3 STREET ADDRESS	1534 CYPRESS TRACE DRIVE	
1.4 CITY - ST - ZIP	MELBOURNE, FL 32940	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KNOX A. GILLIS	
2.3 STREET ADDRESS	5275 LAGUNA VISTA DRIVE	
2.4 CITY - ST - ZIP	MELBOURNE, FL	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GENE MURPHY	
4.3 STREET ADDRESS	2260 SOUTH FRONT STREET	
4.4 CITY - ST - ZIP	MELBOURNE, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: 02/08/1995 TELEPHONE: 407-723-0561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CECIL S. JONES, PRESIDENT CORPORATION**