

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732789 (3)**

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



Principal Place of Business <b>702 E. NEW HAVEN AVE. P.O. BOX 366 MELBOURNE FL 32901</b>	Mailing Address <b>702 E. NEW HAVEN AVE. P.O. BOX 366 MELBOURNE FL 32901-5431</b>
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3. Date Incorporated or Qualified <b>05/19/1975</b>	3a. Date of Last Report <b>02/27/1996</b>
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2. Principal Piece of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

4. FEI Number <b>59-0782447</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>COX, CHARLES</b>	
STREET ADDRESS <b>1534 CYPRESS TRACE DR</b>	
CITY-ST-ZIP <b>MELBOURNE FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>GILLIS, KNOX A</b>	
STREET ADDRESS <b>5275 LAGUNA VISTA DR</b>	
CITY-ST-ZIP <b>MELBOURNE FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>ROBINSON, JACK P</b>	
STREET ADDRESS <b>3393 MAZUR DIRVE</b>	
CITY-ST-ZIP <b>MELBOURNE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MURPHY, GENE</b>	
STREET ADDRESS <b>2280 SOUTH FRONT STREET</b>	
CITY-ST-ZIP <b>MELBOURNE FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>JONES, CECIL</b>	
STREET ADDRESS <b>C/O 702 E. NEW HAVEN AVE</b>	
CITY-ST-ZIP <b>MELBOURNE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>GOODSON, RAYMOND</b>	
STREET ADDRESS <b>2075 D AVENUE</b>	
CITY-ST-ZIP <b>WEST MELBOURNE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>STEPHEN R. WHERRY</b>	
1.3 STREET ADDRESS <b>1217 ELCON DR</b>	
1.4 CITY-ST-ZIP <b>MELBOURNE</b>	
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 <b>VP</b>	<input checked="" 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 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 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.

CP2E037 (9/96)