

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90094 007 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732789**

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

Principal Place of Business 702 E. NEW HAVEN AVE. P.O. BOX 366 MELBOURNE FL 32901	Mailing Address 702 E. NEW HAVEN AVE. P.O. BOX 366 MELBOURNE FL 32901
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/19/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0782447
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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	
JONES, CECIL S. 1808 PINE STREET MELBOURNE BEACH FL 32951		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> V.P. <input type="checkbox"/> DELETE	NAME WHERRY, STEVE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D.
STREET ADDRESS 1217 ELCON DRIVE	CITY-ST-ZIP W MELBOURNE FL 32904	1.2 NAME John Goodson	1.3 STREET ADDRESS 390 Franklyn Ave.
TITLE <input type="checkbox"/> DELETE	NAME GILLIS, KNOX A	1.4 CITY-ST-ZIP Indialantic, FL 32903	
STREET ADDRESS 5275 LAGUNA VISTA DR	CITY-ST-ZIP MELBOURNE FL	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
TITLE <input type="checkbox"/> DELETE	NAME ROBINSON, JACK P	2.2 NAME Robert Tinsley	2.3 STREET ADDRESS 3465 Shady Run Rd.
STREET ADDRESS 3393 MAZUR DIRVE	CITY-ST-ZIP MELBOURNE FL	2.4 CITY-ST-ZIP Melbourne, FL 32934	
TITLE <input type="checkbox"/> DELETE	NAME MURPHY, GENE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2260 SOUTH FRONT STREET	CITY-ST-ZIP MELBOURNE FL	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME JONES, CECIL	3.3 STREET ADDRESS	
STREET ADDRESS C/O 702 E. NEW HAVEN AVE	CITY-ST-ZIP MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME GOODSON, RAYMOND	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2075 D AVENUE	CITY-ST-ZIP WEST MELBOURNE FL	4.2 NAME	
TITLE <input type="checkbox"/> DELETE		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 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: \_\_\_\_\_ DATE: 3/18/99 DAYTIME PHONE # \_\_\_\_\_

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CR2E037 (1.1/98)