

FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **733762** (9)
1. Corporation Name
THE FIRST BAPTIST CHURCH OF PALM VALLEY, INC.



Principal Place of Business 1050 HWAY A1A PONTE VEDRA BEACH FL 32082 US	Mailing Address 1050 HWAY A1A P O BOX 1457 PONTE VEDRA BEACH FL 32004 US
---	--

3. Date Incorporated or Qualified 09/05/1975	
4. FEI Number 59-1927549	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMPSON, KURT ANDREW
3500 SOUTH THIRD STREET
JACKSONVILLE FL FL 32250**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P KEITH REVER
STREET ADDRESS	5270 PALM VALLEY ROAD
CITY-ST-ZIP	PONTE VEDRA BCH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TR HUGGETT GREGORY
STREET ADDRESS	480 TWENTY MILE RD
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CHEL GREN, DAVID
STREET ADDRESS	219 CANAL BLVD.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S WORKMAN LESHE J
STREET ADDRESS	33 38TH AVE S
CITY-ST-ZIP	JACKSONVILLE BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	SULLIVAN, MARSHALL
STREET ADDRESS	4455 A PALM VALLEY ROAD
CITY-ST-ZIP	PONTE VEDRA BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Roger Anderson (TR)
2.3 STREET ADDRESS	PO Box 1101
2.4 CITY-ST-ZIP	Ponte Vedra FL, 32082
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richardson, Jim (T)
3.3 STREET ADDRESS	179 North Roscoe
3.4 CITY-ST-ZIP	Ponte Vedra FL, 32082
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVID Merritt (S)
4.3 STREET ADDRESS	105 Red Maplect
4.4 CITY-ST-ZIP	Ponte Vedra FL, 32082
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.

SIGNATURE: *James A. Richardson*

5/24/98 (904) 285-4288

CR2E037 (10/97)