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Jan 27 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 # 735725 (4)

1. Corporation Name
FIRST BAPTIST CHURCH OF GLEN SAINT MARY, FLORIDA, INC.



Principal Place of Business: SOUTH GEO. TABOR BLVD. GLEN ST. MARY FL 32040-7633
Mailing Address: SOUTH GEO. TABOR BLVD. GLEN ST. MARY FL 32040

3. Date Incorporated or Qualified: 05/04/1976
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.

4. FEI Number: 59-1865988
Applied For: Not Applicable

22. City & State: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: 28

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24. Zip: 25 Country: 29 Zip: 30 Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, P., TIM
GEORGE TABER BLVD
GLEN ST. MARY FL 32040

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: D CANADY, OTIS
12.2 STREET ADDRESS: HWY 23-C MACCLENNY FL
12.3 CITY-ST-ZIP: [] DELETE
12.4 TITLE: DT LYONS, JC, JR
12.5 STREET ADDRESS: HWY 23-D GLEN ST MARY FL
12.6 CITY-ST-ZIP: [] DELETE
12.7 TITLE: D RAULERSON, T.J.
12.8 STREET ADDRESS: 339 E MACCLENNY AVENUE MACCLENNY FL
12.9 CITY-ST-ZIP: [] DELETE
12.10 TITLE: PD PATTERSON, P., TIM
12.11 STREET ADDRESS: GEORGE TABER BLVD GLEN ST MARY FL
12.12 CITY-ST-ZIP: [] DELETE
12.13 TITLE: [] DELETE
12.14 NAME: [] DELETE
12.15 STREET ADDRESS: [] DELETE
12.16 CITY-ST-ZIP: [] DELETE

13.1 TITLE: [] Change [] Addition
13.2 NAME: [] Change [] Addition
13.3 STREET ADDRESS: [] Change [] Addition
13.4 CITY-ST-ZIP: [] Change [] Addition
13.5 TITLE: [] Change [] Addition
13.6 NAME: [] Change [] Addition
13.7 STREET ADDRESS: [] Change [] Addition
13.8 CITY-ST-ZIP: [] Change [] Addition
13.9 TITLE: [] Change [] Addition
13.10 NAME: [] Change [] Addition
13.11 STREET ADDRESS: [] Change [] Addition
13.12 CITY-ST-ZIP: [] Change [] Addition
13.13 TITLE: [] Change [] Addition
13.14 NAME: [] Change [] Addition
13.15 STREET ADDRESS: [] Change [] Addition
13.16 CITY-ST-ZIP: [] Change [] 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)