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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 735789

1. Corporation Name

FIRST BAPTIST CHURCH OF FORT PIERCE, INC.

Principal Place of Business

Mailing Address

4500 S 25TH ST
 FT. PIERCE FL 34981
 US

4500 S 25TH ST
 FT. PIERCE FL 34981
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/07/1976

22 City & State

27 City & State

4. FEI Number
 59-0637834

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

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

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

H HERSHEL ADAMS
 541 NW FLORESTA DRIVE
 PT ST LUCIE FL 34983

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

H. Hershel Adams

DATE

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

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SAMS, ROLAND	
STREET ADDRESS	1045 MARTINIQUE AVE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FOWLER, CHRISTINE	
STREET ADDRESS	4565 OLEANDER VLVD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, CHARLES	
STREET ADDRESS	6007 BALSAM DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOSNEY, VERN	
STREET ADDRESS	458 BRIDLEWOOD WAY	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PELPHREY, LINDA	
STREET ADDRESS	1512 CORTEZ BLVD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kevin Walker
1.3 STREET ADDRESS	2930 Admiral St
1.4 CITY-ST-ZIP	Fort Pierce FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vern Gosney
3.3 STREET ADDRESS	458 Bridlewood Way
3.4 CITY-ST-ZIP	Fort Pierce FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Aubrey Starcher
4.3 STREET ADDRESS	615 S. Indian River Dr
4.4 CITY-ST-ZIP	Fort Pierce 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 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: *Linda Pelphrey* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

(561) 761-7950

Daytime Phone #

CR2E037-(11/98)