

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735807 (0)
1. Corporation Name
THE FIRST BAPTIST CHURCH OF FORT MEADE, INC.



Principal Place of Business
**307 E. BROADWAY
FORT MEADE FL 33841**

Mailing Address
**307 E. BROADWAY
FORT MEADE FL 33841**

3. Date Incorporated or Qualified
05/10/1976

3a. Date of Last Report
02/02/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number 59-1173305	Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHANNON, JOHN HUGH
1349 FLORIDA AVE. S.
LAKELAND FL 33803**

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUCH, LYNN	1.2 NAME	
STREET ADDRESS	307 E BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE, FL 00000	1.4 CITY-ST-ZIP	33841
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, ZOE	2.2 NAME	LANGSTON, Vivian
STREET ADDRESS	307 E BROADWAY	2.3 STREET ADDRESS	307 E. Broadway
CITY-ST-ZIP	FT MEADE, FL 00000	2.4 CITY-ST-ZIP	Fort Meade, FL 33841
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, VERNON	3.2 NAME	
STREET ADDRESS	307 E BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE, FL 00000	3.4 CITY-ST-ZIP	33841
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON, GILBERT R	4.2 NAME	
STREET ADDRESS	307 E. BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL	4.4 CITY-ST-ZIP	33841
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEY, NEIL W	5.2 NAME	
STREET ADDRESS	307 E. BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MEADE FL	5.4 CITY-ST-ZIP	33841
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, EMORY	6.2 NAME	HOLLEY, P. T.
STREET ADDRESS	307 E. BROADWAY	6.3 STREET ADDRESS	307 E. Broadway
CITY-ST-ZIP	FT. MEADE FL	6.4 CITY-ST-ZIP	Fort Meade, FL 33841

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lynn Crouch* **Lynn Crouch** 1/31/96 941-285-7151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)