

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735807 (0)**  
 1. Corporation Name  
**THE FIRST BAPTIST CHURCH OF FORT MEADE, INC.**



Principal Place of Business <b>307 E. BROADWAY FORT MEADE FL 33841</b>	Mailing Address <b>307 E. BROADWAY FORT MEADE FL 33841-3011</b>
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3. Date Incorporated or Qualified <b>05/10/1976</b>	3a. Date of Last Report <b>02/07/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number <b>59-1173305</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SHANNON, JOHN HUGH  
1349 FLORIDA AVE. S.  
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CROUCH, LYNN</b>
STREET ADDRESS	<b>307 E BROADWAY</b>
CITY-ST-ZIP	<b>FT MEADE, FL 00000</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>LANGSTON, VIVIAN</b>
STREET ADDRESS	<b>307 E BROADWAY</b>
CITY-ST-ZIP	<b>FT MEADE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>HANCOCK, VERNON</b>
STREET ADDRESS	<b>307 E BROADWAY</b>
CITY-ST-ZIP	<b>FT MEADE, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LANGSTON, GILBERT R</b>
STREET ADDRESS	<b>307 E. BROADWAY</b>
CITY-ST-ZIP	<b>FT. MEADE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WHALEY, NEIL W</b>
STREET ADDRESS	<b>307 E. BROADWAY</b>
CITY-ST-ZIP	<b>FORT MEADE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOLLEY, P. T.</b>
STREET ADDRESS	<b>307 E BROADWAY</b>
CITY-ST-ZIP	<b>FT MEADE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>302 N EDGEWOOD DR.</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>210 NE 4th ST.</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>401 N. CHURCH AVE.</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>210 NE 4th ST.</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>611 NE 5th ST.</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D</b>
6.3 STREET ADDRESS	<b>PERRY, RANDALL</b>
6.4 CITY-ST-ZIP	<b>3845 OLD BOWLING GREEN RD. FT MEADE FL</b>

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:  **Lynn Crouch**      Date: **1/29/97**      Daytime Phone #: **941 285 7151**

CR2E037 (9/96)