


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 307 E. BROADWAY FORT MEADE FL 33841	Mailing Address 307 E. BROADWAY FORT MEADE FL 33841
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3. Date Incorporated or Qualified 05/10/1976	
4. FEI Number 59-1173305	Applied For Not Applicable

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 30
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees 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 checked="" 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 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 FL 85 Zip Code
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROUCH, LYNN		1.2 NAME	
STREET ADDRESS 302 N. EDGEWOOD DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP FT MEADE, FL 00000		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANGSTON, VIVIAN		2.2 NAME	
STREET ADDRESS 210 NE 4TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP FT MEADE FL		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANCOCK, VERNON		3.2 NAME	
STREET ADDRESS 401 E. CHURCH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP FT MEADE, FL 00000		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANGSTON, GILBERT R		4.2 NAME Walter Graves	
STREET ADDRESS 210 NE 4TH STREET		4.3 STREET ADDRESS 1905 Mt. Pisgah Rd.	
CITY-ST-ZIP FT. MEADE FL		4.4 CITY-ST-ZIP Fort Meade, FL 33841	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHALEY, NEIL W		5.2 NAME Ron Young	
STREET ADDRESS 611 NE 5TH STREET		5.3 STREET ADDRESS 3875 Lake Buffum Rd.	
CITY-ST-ZIP FORT MEADE FL		5.4 CITY-ST-ZIP Fort Meade, FL 33841	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERRY, RANDELL		6.2 NAME Randall Perry	
STREET ADDRESS 3845 OLD BOWLING GREEN RD.		6.3 STREET ADDRESS 3845 Old Bowling Green Rd.	
CITY-ST-ZIP FT MEADE FL		6.4 CITY-ST-ZIP Fort Meade, FL 33841	

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: *Lynn Crouch* **REQUIRED** Lynn Crouch 1/14/98 941 285 7151

CR2E037 (10/97)