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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735807

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/10/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1173305
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE	3.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANCOCK, VERNON	3.2 NAME	Delmar E. Wogan
STREET ADDRESS	401 E. CHURCH AVE.	3.3 STREET ADDRESS	1801 Wisteria Ct. S.
CITY-ST-ZIP	FT MEADE, FL 00000	3.4 CITY-ST-ZIP	Fort Meade, FL 33841
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, WALTER	4.2 NAME	
STREET ADDRESS	1905 MT PISGAH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL 33841	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, RON	5.2 NAME	Mike Woods
STREET ADDRESS	3875 LAKE BUFFUM RD	5.3 STREET ADDRESS	320 N. Edgewood Dr.
CITY-ST-ZIP	FT MEADE FL 33841	5.4 CITY-ST-ZIP	Fort Meade, FL 33841
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, RANDALL	6.2 NAME	Jack Jerkins
STREET ADDRESS	3845 OLD BOWLING GREEN RD	6.3 STREET ADDRESS	1575 Woodlawn Ave.
CITY-ST-ZIP	FT MEADE FL 33841	6.4 CITY-ST-ZIP	Bartow, FL 33830

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: *Lynn Crouch* SIGNATURE REQUIRED Lynn Crouch 1/27/99 941 285 7151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)