

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 # 738322 (7)

FIRST BAPTIST CHURCH OF CHIPLEY, FLORIDA, CORPORATION



Principal Place of Business: 200 SOUTH BOULEVARD WEST, P.O. BOX 643, CHIPLEY FL 32428
Mailing Address: 200 SOUTH BOULEVARD WEST, P.O. BOX 643, CHIPLEY FL 32428

3. Date Incorporated or Qualified: **03/10/1977**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 1298 South Boulevard, Suite, Apt. #, etc. 22
City & State: 23 Chipley, FL
Zip: 24 32428, Country: 25 USA
2a. Mailing Address: 26 P.O. Box 643, Suite, Apt. #, etc. 27
City & State: 28 Chipley, Florida
Zip: 29 32428-0643, Country: 30 USA

4. FEI Number: 59-6031690
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HOLLEY, GERALD, 102 EAST CHURCH AVE., CHIPLEY FL
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: 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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SDT NAME: LASETER, MAX STREET ADDRESS: ROUTE 5, BOX 482-C CITY-ST-ZIP: CHIPLEY, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: HARRISON, ULYSSE STREET ADDRESS: RT 2 BOX 9-G CITY-ST-ZIP: CHIPLEY FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: BOWERS, HOWARD STREET ADDRESS: 401 N 3RD ST CITY-ST-ZIP: CHIPLEY FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: MINCHHIN, WILLIAM STREET ADDRESS: 400 SOUTH THIRD STREET CITY-ST-ZIP: CHIPLEY FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DT Harvey Hayes 979 Falling Waters Road Chipley, FL 32428
TITLE: DT NAME: COLEMAN, CRAYTON STREET ADDRESS: ROUTE 4, BOX 349-C CITY-ST-ZIP: CHIPLEY FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PT NAME: REGISTER, ALLEN STREET ADDRESS: ROUTE 5, BOX 276 CITY-ST-ZIP: CHIPLEY FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or changed on an attachment with an address.

SIGNATURE: *Allen Register* Allen Register 5/20/1996 (904) 639-6268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)