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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 738322 (7)
1. Corporation Name
FIRST BAPTIST CHURCH OF CHIPLEY, FLORIDA, CORPORATION



Principal Place of Business Mailing Address
1298 SOUTH BOULEVARD
CHIPLEY FL 32428
US P O BOX 643
CHIPLEY FL 32428-0643
US

3. Date Incorporated or Qualified 03/10/1977
3a. Date of Last Report 05/22/1996
4. FEI Number 59-6031690
Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 1300 South Blvd. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
23 City & State 28
Zip Country Zip Country
24 25 29 30

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 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 Gerald Holley
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
Gerald Holley
DATE 2-19-97

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
SDT LASETER, MAX ROUTE 5, BOX 482-C CHIPLEY, FL 00000
DT HARRISON, ULYSSE RT 2 BOX 9-G CHIPLEY FL
DT BOWERS, HOWARD 401 N 3RD ST CHIPLEY FL
DT HAYES, HARVEY 979 FALLING WATERS ROAD CHIPLEY FL
DT COLEMAN, CRAYTON ROUTE 4, BOX 349-C CHIPLEY FL
PT REGISTER, ALLEN ROUTE 5, BOX 276 CHIPLEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE: Allen Register 2-19-97 (904)638-6268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/96)