

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 # **740728** (1)

1. Corporation Name
THE FIRST BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.



Principal Place of Business: **MAPLE STREET WEST PO BOX 685 DAVENPORT FL 33837**
Mailing Address: **MAPLE STREET WEST PO BOX 685 DAVENPORT FL 33837**

3. Date Incorporated or Qualified: **11/08/1977**
3a. Date of Last Report: **01/30/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2355403	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country		Country			
24	24. Zip	29	29. Zip	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				10. Name and Address of New Registered Agent			
UMBERGER, RANDY 321 E BAY ST DAVENPORT FL 33837				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 officer 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	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCKER, DAVID E.		1.2 NAME		
STREET ADDRESS	411 NORTH BLVD W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		1.4 CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, GERALD S.		2.2 NAME		
STREET ADDRESS	2610 CREST DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		2.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONLEY, WENDELL		3.2 NAME		
STREET ADDRESS	LAGO VISTA COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINDER, LEE		4.2 NAME		
STREET ADDRESS	627 POWER LINE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		4.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHUMNEY, MILDRED		5.2 NAME		
STREET ADDRESS	EAST LEMON STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **1/28/96** Day/Time Phone #: **941 422-4389**

CR2E037 (12/95)