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Mar 05 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 # 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 33836-0685

3. Date Incorporated or Qualified: 11/08/1977  
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business (21) Mailing Address (26)

4. FEI Number: 59-2355403  
Applied For: Not Applicable

Suite, Apt. #, etc. (22) (27)

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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: David E. Rocker  
82 Street Address (P.O. Box Number is Not Acceptable): 411 North Blvd. W  
83 City: Davenport, FL 33837  
84 City: Davenport FL 85 Zip Code: 33837

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: *David E. Rocker* David E. Rocker 2/26/97  
Signature, typed or printed name of registered agent and title if applicable (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
NAME	ROCKER, DAVID E.	
STREET ADDRESS	411 NORTH BLVD W.	
CITY - ST - ZIP	DAVENPORT FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GERALD S.	
STREET ADDRESS	2610 CREST DRIVE	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CONLEY, WENDELL	
STREET ADDRESS	LAGO VISTA COURT	
CITY - ST - ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDER, LEE	
STREET ADDRESS	627 POWER LINE RD	
CITY - ST - ZIP	DAVENPORT FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CHUMNEY, MILDRED	
STREET ADDRESS	EAST LEMON STREET	
CITY - ST - ZIP	DAVENPORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rayborn, James
2.3 STREET ADDRESS	2607 Adair Road
2.4 CITY - ST - ZIP	Davenport, FL, 33837
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an attachment with an address.

SIGNATURE: *David E. Rocker* David E. Rocker, President 2/26/97 941 422-4551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Phone # 334-6347

CR2E037 (9/96)