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Secretary of State

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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 # 740728

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/08/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2355403
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 <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

ROCKER, DAVID E.
411 NORTH BLVD. W.
DAVENPORT FL 33837

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROCKER, DAVID E.	
STREET ADDRESS	411 NORTH BLVD W.	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RAYBORN, JAMES	
STREET ADDRESS	2607 ADAIR ROAD	
CITY-ST-ZIP	DAVENPORT 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV Rayborn, James
2.3 STREET ADDRESS	89 Bream Street
2.4 CITY-ST-ZIP	Haines City, FL 33844
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 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: _____ DATE: 1/17/99 DAYTIME PHONE #: 941 422-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037 (1198)