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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742318 (9)

1. Corporation Name
FIRST BAPTIST CHURCH OF HOMESTEAD, FLORIDA, INC.



Principal Place of Business 240 N. KROME AVE. HOMESTEAD 33030	Mailing Address 240 N. KROME AVE. HOMESTEAD 33030-6019
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3. Date Incorporated or Qualified 04/10/1978	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-0791013	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**WILLIAMS, TED --
240-NE 16 ST --
HOMESTEAD-FL-33030 --**

10. Name and Address of New Registered Agent

81 Name
MARJORIE LEGGETT

82 Street Address (P.O. Box Number is Not Acceptable)
90 NE 19 STREET

83

84 City
HOMESTEAD

85 Zip Code
FL 33030

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 *Marjorie C. Leggett* **Marjorie Leggett, Vice Chairman/Trustees** **March 17, 1997**

Signature (Typed or Printed Name of Registered Agent in Block 12 if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE VT	<input type="checkbox"/> DELETE
NAME ANDERSON, BOYD	
STREET ADDRESS 29641 SW 168 AVE	
CITY-ST-ZIP HOMESTEAD FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME LEGGETT, MARJORIE	
STREET ADDRESS 90 NE 19 ST	
CITY-ST-ZIP HOMESTEAD FL	
TITLE CT	<input checked="" type="checkbox"/> DELETE
NAME WILLIAMS, TED	
STREET ADDRESS 240 N.E. 16TH STREET	
CITY-ST-ZIP HOMESTEAD FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman/Trustees	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE Vice Chairman/Trustees	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE Secretary/Trustees	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Walter Sullivan	
3.3 STREET ADDRESS 1804 NW 1 Avenue	
3.4 CITY-ST-ZIP Homestead, Florida 33030	
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 *Marjorie C. Leggett* **Marjorie Leggett** **March 17, 1997 (305)-247-8672**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024101

CR2E037 (9/96)