

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 # 743376 (6)

1. Corporation Name

THE FIRST BAPTIST CHURCH OF BRANFORD, INC.



Principal Place of Business: BRANFORD PROFESSIONAL BUILDING, PLANT AVE., BRANFORD FL 32008
Mailing Address: BRANFORD PROFESSIONAL BUILDING, PLANT AVE., BRANFORD FL 32008

3. Date Incorporated or Qualified: 06/26/1978
3a. Date of Last Report: 03/02/1995

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

4. FEI Number: 59-1203217 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

9. Name and Address of Current Registered Agent

SCOTT, JOHN L
BRANFORD PROFESSIONAL BUILDING
PLANT AVE.
BRANFORD FL 32008

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLALOCK, EDDIE	
STREET ADDRESS	HENRY STREET	
CITY-ST-ZIP	BRANFORD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BACHARA, ANTHONY	
STREET ADDRESS	RT. 1, BOX 1880	
CITY-ST-ZIP	O'BRIEN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HATCH, LEON	
STREET ADDRESS	STATE RD 247	
CITY-ST-ZIP	BRANFORD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, CARROLL	
STREET ADDRESS	ROUTE 2, BOX 1	
CITY-ST-ZIP	BRANFORD FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carroll Hall	
1.3 STREET ADDRESS	28834 79th Road	
1.4 CITY-ST-ZIP	Branford, FL 32008	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Linda Marquess	
2.3 STREET ADDRESS	8549 262nd Terrace	
2.4 CITY-ST-ZIP	Branford, FL 32008	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	A.W. Gaylard	
3.3 STREET ADDRESS	27090 37th Rd.	
3.4 CITY-ST-ZIP	Branford, FL 32008	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Aaron Perlowich	
4.3 STREET ADDRESS	PO Box 111	
4.4 CITY-ST-ZIP	Branford, FL 32008	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Odessa Moses	
5.3 STREET ADDRESS	Rt 1, Box 25	
5.4 CITY-ST-ZIP	Branford, FL 32008	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carroll E. Hall

3/20/96 (904) 935-1303
Daytime Phone #

CR2E037 (12/95)