


FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
06/26/1978

4. FEI Number 59-1203217	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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. City	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLETCHER, ROBERT	1.2 NAME	BARNES, DAVID
STREET ADDRESS	PO BOX 408 (N/A)	1.3 STREET ADDRESS	P O BOX 131 (N/A)
CITY-ST-ZIP	BRANFORD FL	1.4 CITY-ST-ZIP	BRANFORD, FL
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIERSON, WD	2.2 NAME	
STREET ADDRESS	7731 CR 248	2.3 STREET ADDRESS	
CITY-ST-ZIP	O'BRIEN FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLARD, A.W.	3.2 NAME	
STREET ADDRESS	27090 37TH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL	3.4 CITY-ST-ZIP	
TITLE	CT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLOWICH, AARON	4.2 NAME	
STREET ADDRESS	30279 73RD PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, ODESSA	5.2 NAME	
STREET ADDRESS	RT 1 BOX 25	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSIONS, WALLACE	6.2 NAME	
STREET ADDRESS	23216 CHINQUAPIN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL	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.

SIGNATURE _____ DATE **APR 13 1998** (904) 935-3434

CR2E037 (10/97)