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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 # 745693

1. Corporation Name
WELAKA BAPTIST CHURCH, INC.

Principal Place of Business 670 3RD AVENUE WELAKA FL 32193	Mailing Address PO BOX 100 WELAKA FL 32193
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/24/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-0020900
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CONKEY, WILLIAM E
 670 3RD AVE
 P O BOX 100
 WELAKA FL 32193

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	P/D	<input type="checkbox"/> DELETE
NAME	CONKEY, WILLIAM E	
STREET ADDRESS	670 3RD AVE	
CITY-ST-ZIP	WELAKA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SNOW, DARLEEN	
STREET ADDRESS	106 FINNIGAN RD	
CITY-ST-ZIP	SATSUMA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, BETH	
STREET ADDRESS	105 SANTA ROSA CT.	
CITY-ST-ZIP	SATSUMA 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dean, James	
2.3 STREET ADDRESS	Rt.2 Box 837A Crescent City, Fl	
2.4 CITY-ST-ZIP	32112	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mona Crawford	
3.3 STREET ADDRESS	PO Box 282 Welaka, Fl. 32193	
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: James R. Dean **SIGNATURE REQUIRED** James R. DEAN 1/17/99 904-698-1686
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)