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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747892 (8)
1. Corporation Name
FIRST BAPTIST CHURCH OF FT. MCCOY, INC.



Principal Place of Business 11352 NE CTY HWY 316 P.O. BOX 480 FT. MCCOY FL 32134-0480 US	Mailing Address 11352 NE CTY HWY 316 P.O. BOX 480 FT. MCCOY FL 32134-0480 US
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3. Date Incorporated or Qualified 06/29/1979	
4. FEI Number 59-2125975	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent MELIN, PAUL W. 10700 NE 142ND PLACE FT MCCOY FL 32134	10. Name and Address of New Registered Agent 81 Name McCamy, Ralph Ralph L. 82 Street Address (P.O. Box Number is Not Acceptable) 14051 NE 110 Ave Rd 83 FL MCCOY 32134 84 City FT. MCCOY FL 85 Zip Code 32134
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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: *Ralph L. McCamy* DATE: **6/20/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	LAXTON, CLAUDE D.	
STREET ADDRESS	18100 NE 160 AVE. ROAD	
CITY-ST-ZIP	FT. MCCOY FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	HARPER, OLIVER K.	
STREET ADDRESS	14820 NE 113TH TERR	
CITY-ST-ZIP	FT MCCOY FL	
TITLE	STD	<input checked="" type="checkbox"/>
NAME	MELIN, PAUL W.	
STREET ADDRESS	10700 NE 142ND PLACE	
CITY-ST-ZIP	FT MCCOY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Starling, Earl		
1.3 STREET ADDRESS	Rt 4 Box 2030		
1.4 CITY-ST-ZIP	Gibira, FL 32113		
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Bailey, Richard		
2.3 STREET ADDRESS	Po Box 112314 NE 112ct.		
2.4 CITY-ST-ZIP	Orange Spg. FL		
3.1 TITLE	STD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	McCamy, Ralph Ralph L.		
3.3 STREET ADDRESS	14051 NE 110 Ave. Rd.		
3.4 CITY-ST-ZIP	FT. MCCOY FL 32134		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 by 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 on an attachment with this filing.

SIGNATURE: *Ralph L. McCamy* *Oliver K. Harper* **6/23/98**

CR2E037 (10/97)