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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755857 (0)

1. Corporation Name
FIRST BAPTIST CHURCH OF ASTOR, INC.



Principal Place of Business Mailing Address
24807 ANN ST
ASTOR FL 32102
US
PO BOX 280
ASTOR FL 32102-0280
US

3. Date Incorporated or Qualified 01/12/1981
3a. Date of Last Report 02/05/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2015407 Applied For Not Applicable
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country 30 Zip 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GEORGE, WM. MARK
56411 BRANCH RD.
ASTOR FL 32102
10. Name and Address of New Registered Agent
81 Name Pete A. Menendez
82 Street Address (P.O. Box Number is Not Acceptable) 24731 Ann Street
83
84 City Astor FL 85 Zip Code 32101

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 *Pete A. Menendez* Pete A. Menendez 04-24-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR HARPER, BOB 55336 CLAIRE ST ASTOR FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TR LUCAS, RAY 1803 RIVEREDGE DR. ASTOR FL	2.1 TITLE	TR Jo Boone
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	1895 Riveredge Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Astor FL
TITLE	TR HANSEN, KEITH 4075 HWY 11 N DELAND FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Pete A. Menendez* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04-24-97 (352) 759-2135
Date Daytime Phone #0001782

CR2E037 (9/96)