

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757446** (O)
1. Corporation Name
FIRST BAPTIST CHURCH OF FLAGLER BEACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**300 NORTH CENTRAL AVENUE
PO BOX 583
FLAGLER BCH. FL 32136**

3. Date Incorporated or Qualified **04/07/1981** 3a. Date of Last Report **05/25/1994**
4. FEI Number **59-2135261** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

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 25 29 30

9. Name and Address of Current Registered Agent
**MARY BAKER
14 CAROLINA HWY.
PALM COAST FL 32137**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D
NAME MORRIS, NEIL
STREET ADDRESS BEVERLY BCH EST
CITY-ST-ZIP FLAGLER BCH. FL
TITLE D
NAME MORTON, MAY
STREET ADDRESS 40 FOLSON LN
CITY-ST-ZIP PALM COAST FL
TITLE S
NAME BAKER, MARY
STREET ADDRESS 14 CAROLINA HWY
CITY-ST-ZIP PALM COAST FL 32137
TITLE D
NAME LAMAR RUSSELL
STREET ADDRESS 1820 S. CENTRAL AVE.
CITY-ST-ZIP FLAGLER BCH FL 32136
TITLE T
NAME NANCY SMITH.
STREET ADDRESS #2A SUNSET BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32174
TITLE P
NAME CARNELL, GENE S.
STREET ADDRESS 918 S. FLAGLER AVE.
CITY-ST-ZIP FLAGLER BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME D
2.3 STREET ADDRESS Charlie Wells
2.4 CITY-ST-ZIP P.O. Box 1617 209 Cedar Ln
Flagler Beach, Fl. 32136
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME T
5.3 STREET ADDRESS Baker, Mary
5.4 CITY-ST-ZIP 14 Carolina Hwy.
Palm Coast, Fl. 32137
6.1 TITLE Change 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Baker 2/21/95 904-445-0957

REGISTRATION OFFICER OR DIRECTOR