

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 757446 (0)**

1. Corporation Name  
**FIRST BAPTIST CHURCH OF FLAGLER BEACH, INC.**



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

3. Date Incorporated or Qualified **04/07/1981** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2135261**  
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

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**

**10. Name and Address of New Registered Agent**

**MARY BAKER  
14 CAROLINA HWY.  
PALM COAST FL 32137**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MORRIS, NEIL</b>                                 | 1.2 NAME  |  |
| STREET ADDRESS             | <b>BEVERLY BCH EST</b>                              | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>FLGLER BCH. FL</b>                               | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE <b>D</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WELLS, CHARLIE</b>                               | 2.2 NAME  | <b>Paul Young</b>  |
| STREET ADDRESS             | <b>206 CEDAR LANE</b>                               | 2.3 STREET ADDRESS                                    | <b>Sherwood Street, P.O. Box 1114</b>  |
| CITY - ST - ZIP            | <b>FLGLER BEACH FL</b>                              | 2.4 CITY - ST - ZIP                                   | <b>Bunnell, FL 32110</b>   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BAKER, MARY</b>                                  | 3.2 NAME  |  |
| STREET ADDRESS             | <b>14 CAROLINA HWY</b>                              | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>PALM COAST FL 32137</b>                          | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>LAMAR RUSSELL</b>                                | 4.2 NAME  |  |
| STREET ADDRESS             | <b>1820 S. CENTRAL AVE.</b>                         | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>FLGLER BCH FL 32136</b>                          | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BAKER, MARY</b>                                  | 5.2 NAME  |  |
| STREET ADDRESS             | <b>14 CAROLINA HWY.</b>                             | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>PALM COAST FL</b>                                | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CARNELL, GENE S.</b>                             | 6.2 NAME  |  |
| STREET ADDRESS             | <b>918 S. FLAGLER AVE.</b>                          | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>FLGLER BEACH FL</b>                              | 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 119.07(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 617, 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 Sec/Treas. Mary Baker 2/20/96 904-445-0957*

CR2E037 (12/95)