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Feb 28 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 # 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 FLAGLER BCH. FL 32136	300 NORTH CENTRAL AVENUE PO BOX 583 FLAGLER BCH. FL 32136-0583

3. Date Incorporated or Qualified 04/07/1981	3a. Date of Last Report 02/26/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2135261	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, NEIL	
STREET ADDRESS	BEVERLY BCH EST	
CITY-ST-ZIP	FLAGLER BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, PAUL	
STREET ADDRESS	SHERWOOD STREET, P.O. BOX 1114	
CITY-ST-ZIP	BUNNELL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAKER, MARY	
STREET ADDRESS	14 CAROLINA HWY	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAMAR RUSSELL	
STREET ADDRESS	1820 S. CENTRAL AVE.	
CITY-ST-ZIP	FLAGLER BCH FL 32136	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAKER, MARY	
STREET ADDRESS	14 CAROLINA HWY.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Irving Corn	
1.3 STREET ADDRESS	1340 S. Daytona Ave. Box 1534	
1.4 CITY-ST-ZIP	Flagler Beach, Fl. 32136	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Leonard Keys	
4.3 STREET ADDRESS	77Merrimac Dr.	
4.4 CITY-ST-ZIP	Flagler Beach, Fl. 32136	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Douglas Wever	
6.3 STREET ADDRESS	300Central Ave. Box 583	
6.4 CITY-ST-ZIP	Flagler Beach, Fl. 32136	

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: *Mary Baker* *Mary Baker Sec/Treas* 2/24/97 904-439-0733

CR2E037 (9/96)