

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 300 NORTH CENTRAL AVENUE PO BOX 583 FLAGLER BCH. FL 32136	Mailing Address 300 NORTH CENTRAL AVENUE PO BOX 583 FLAGLER BCH. FL 32136
---	---

3. Date Incorporated or Qualified 04/07/1981	4. FEI Number 59-2135261	Applied For <input type="checkbox"/> Not Applicable
--	------------------------------------	--

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

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	

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 **Terri L. Lanigan**
82 Street Address (P.O. Box Number is Not Acceptable)
805 N. Hwy. A1A, Apt. 1; P.O. Box 1013
83
84 City **Flagler Beach** FL 85 Zip Code **32136**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 Terri L. Lanigan, Church Sec/Treasurer DATE **2-25-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CORN, IRVING
STREET ADDRESS	1340 SO DAYTONA AVE. BOX 1534
CITY-ST-ZIP	FLAGLER BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	YOUNG, PAUL
STREET ADDRESS	SHERWOOD STREET, P.O. BOX 1114
CITY-ST-ZIP	BUNNELL FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BAKER, MARY
STREET ADDRESS	14 CAROLINA HWY
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	D <input type="checkbox"/> DELETE
NAME	KEYS, LEONARD
STREET ADDRESS	77 MERRIMAC DRIVE
CITY-ST-ZIP	FLAGLER BEACH FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BAKER, MARY
STREET ADDRESS	14 CAROLINA HWY.
CITY-ST-ZIP	PALM COAST FL
TITLE	P <input type="checkbox"/> DELETE
NAME	WEVER, DOUGLAS
STREET ADDRESS	300 CENTRAL AVE. BOX 583
CITY-ST-ZIP	FLAGLER BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	250 Seabreeze Dr.
1.4 CITY-ST-ZIP	32136-2734
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Smith, Craig
2.3 STREET ADDRESS	2A Sunset Blvd.
2.4 CITY-ST-ZIP	Ormond, FL 32176
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bot Lanigan, Terri L.
3.3 STREET ADDRESS	805 N. Hwy. A1A, Apt. 1; P.O. Box 1013
3.4 CITY-ST-ZIP	Flagler Bch. FL 32136
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lanigan, Terri L.
5.3 STREET ADDRESS	805 N. A1A, Apt. 1; P.O. Box 1013
5.4 CITY-ST-ZIP	Flagler Bch. FL 32136
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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; 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: Terri L. Lanigan, Terri L. Lanigan DATE: **2-25-98** (904) 439-4631

CR2037 (10/97)