


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90033 016 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 757446**

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

Principal Place of Business 300 NORTH CENTRAL AVENUE PO BOX 583 FLGLER BCH. FL 32136	Mailing Address 300 NORTH CENTRAL AVENUE PO BOX 583 FLGLER BCH. FL 32136
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/07/1981</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2135261</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  LANIGAN, TERRI L. 805 N. HWY A1A, APT. 1. P.O. BOX 1013 FLGLER BEACH FL 32136	10. Name and Address of New Registered Agent 81 Name <b>Mary Wallace</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1731 N. Central Ave.</b> 83 84 City <b>Flagler Beach, FL</b> 85 Zip Code <b>32136</b>
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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 Mary Wallace Church Sec. Treasurer DATE 1-25-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORN, IRVING	1.2 NAME	
STREET ADDRESS	250 SEABREEZE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CRAIG	2.2 NAME	
STREET ADDRESS	2A SUNSET BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND FL 32176	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANIGAN, TERRI L.	3.2 NAME	<b>ST Wallace, Mary</b>
STREET ADDRESS	805 N. HWY A1A, APT. 1, P.O. BOX 1013	3.3 STREET ADDRESS	<b>1731 N. Central Ave.</b>
CITY-ST-ZIP	FLGLER BEACH FL 32136	3.4 CITY-ST-ZIP	<b>Flagler Beach, Fl. 32136</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYS, LEONARD	4.2 NAME	
STREET ADDRESS	77 MERRIMAC DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEVER, DOUGLAS	5.2 NAME	<b>Rev. Melton, Leonard T.</b>
STREET ADDRESS	300 CENTRAL AVE. BOX 583	5.3 STREET ADDRESS	<b>310 N 5th ST.</b>
CITY-ST-ZIP	FLGLER BEACH FL	5.4 CITY-ST-ZIP	<b>Flagler Beach</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Mary Wallace Mary Wallace DATE 1-25-99 DAYTIME PHONE # 904-439-0733

CR2E037 (1/98)