

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759142 (3)
1. Corporation Name
BAY STREET BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
1806 S BAY STREET C/O JOHN B. SMITH EUSTIS FL 32726 US

3. Date Incorporated or Qualified **07/13/1981** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

4. FEI Number **59-1224752** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HUTCHESON, JAMES D. J
1806 S BAY STREET
EUSTIS FL 32726**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SMITH, JOHN B.
STREET ADDRESS	812 JEFFRIES CT.
CITY-ST-ZIP	EUSTIS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HUTCHESON, JAMES D. J
STREET ADDRESS	2301 AMHERST LANE
CITY-ST-ZIP	MT DORA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	DEAN, RICHARD
STREET ADDRESS	2190 NORTHLAND ROAD
CITY-ST-ZIP	MT DORA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HAMILTON, SUE L.
STREET ADDRESS	P. O. BOX 248 N/A
CITY-ST-ZIP	GRAND ISLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCOTT, MYRA
STREET ADDRESS	9739 HICKORY HOLLOW RD
CITY-ST-ZIP	LEESBURG FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	WALKER, PHYLLIS
STREET ADDRESS	39034 E CR 452
CITY-ST-ZIP	LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HARDEN, CLARENCE
13 STREET ADDRESS	1039 LAKE GRACIE DRIVE
14 CITY-ST-ZIP	EUSTIS, FL 32726
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DEAN, RICHARD
33 STREET ADDRESS	2190 NORTHLAND ROAD
34 CITY-ST-ZIP	MT DORA FL 32757
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: James D. Hutcheson Jr Date: 1/25/96 Daytime Phone #: 904-383-1041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)