

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759142 (3)**

1. Corporation Name  
**BAY STREET BAPTIST CHURCH, INC.**



Principal Place of Business <b>1806 S BAY STREET C/O JOHN B. SMITH EUSTIS FL 32726 US</b>	Mailing Address <b>1806 S BAY STREET C/O JOHN B. SMITH EUSTIS FL 32726-5670 US</b>
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3. Date Incorporated or Qualified <b>07/13/1981</b>	3a. Date of Last Report <b>02/06/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>59-1224752</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Richard Dean</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1806 S Bay Street</b>
83
84 City <b>Eustis</b>
85 Zip Code <b>FL 32726</b>

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 *Richard Dean* **Richard Dean, President** **Feb. 28, 1997**

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	VD	<input type="checkbox"/> DELETE
NAME	<b>HARDEN, CLARENCE</b>	
STREET ADDRESS	<b>1039 LAKE GRACIE DRIVE</b>	
CITY-ST-ZIP	<b>EUSTIS FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUTCHESON, JAMES D. J</b>	
STREET ADDRESS	<b>2301 AMHERST LANE</b>	
CITY-ST-ZIP	<b>MT DORA FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>DEAN, RICHARD</b>	
STREET ADDRESS	<b>2190 NORTHLAND ROAD</b>	
CITY-ST-ZIP	<b>MT DORA FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAMILTON, SUE L.</b>	
STREET ADDRESS	<b>P. O. BOX 248 N/A</b>	
CITY-ST-ZIP	<b>GRAND ISLAND FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, MYRA</b>	
STREET ADDRESS	<b>9739 HICKORY HOLLOW RD</b>	
CITY-ST-ZIP	<b>LEESBURG FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>WALKER, PHYLLIS</b>	
STREET ADDRESS	<b>39034 E CR 452</b>	
CITY-ST-ZIP	<b>LEESBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD</b>
2.3 STREET ADDRESS	<b>Bob Bollinger</b>
2.4 CITY-ST-ZIP	<b>33536 Tarlton Dr. Leesburg, FL 34788</b>
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TD</b>
4.3 STREET ADDRESS	<b>T. Keith Hall</b>
4.4 CITY-ST-ZIP	<b>1208 Lakeshore Blvd. Tavares, FL 32778</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Richard Dean* **Richard Dean, President** **2/28/97** **352-589-5838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013870

CR2E037 (9/96)