

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 765448 (6)**  
 1. Corporation Name  
**FIRST BAPTIST CHURCH OF GARDEN CITY, INC.**



Principal Place of Business <b>3140 HASKELL-LANGLEY ROAD                  CRESTVIEW FL 32536-7201</b>	Mailing Address <b>3140 HASKELL-LANGLEY ROAD                  CRESTVIEW FL 32536-7201</b>
--	--

3. Date Incorporated or Qualified <b>10/19/1982</b>	3a. Date of Last Report <b>02/22/1995</b>
4. FEI Number <b>59-2382505</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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Country
29	30
<b>32539</b>	

**9. Name and Address of Current Registered Agent**

**NELSON, LARRY  
 6103 PLANTATION DR.  
 CRESTVIEW FL 32536**

**10. Name and Address of New Registered Agent**

81 Name	<b>GARRETT, BEVERLY</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>6165 BETHANY DRIVE</b>
83	
84 City	<b>CRESTVIEW</b>
85 State	<b>FL</b>
86 Zip Code	<b>32539</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: *Beverly Garrett* 3/28/96  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NELSON, LARRY</b>	
STREET ADDRESS	<b>6103 PLANTATION DR.</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAGGETT, RALPH</b>	
STREET ADDRESS	<b>3179 BAGGETT LN</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ASH, DONNA</b>	
STREET ADDRESS	<b>5955 LINENE DR.</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GARRETT, BEVERLY</b>	
1.3 STREET ADDRESS	<b>6165 BETHANY DRIVE</b>	
1.4 CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROWAN, TONY</b>	
2.3 STREET ADDRESS	<b>3268 PLEASANT TERRACE</b>	
2.4 CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BAGGETT, RALPH</b>	
3.3 STREET ADDRESS	<b>3179 BAGGETT LN</b>	
3.4 CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
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		<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 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: *Beverly Garrett* 3/28/96 904/243-3135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)