

**FILE NOW: FILING FEE AFTER MAY.1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:37

DOCUMENT # 766059 (0)  
1. Corporation Name  
FIRST BAPTIST CHURCH, INC., OF BAKER, FLORIDA

Principal Place of Business Mailing Address  
EAST FIFTEENTH STREET EAST FIFTEENTH STREET  
BAKER FL 32531 BAKER FL 32531  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1982  
3a. Date of Last Report 02/03/1994  
4. FEI Number 59-2116433  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 East Fourteenth St. 26 P.O. Box 333  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Baker, Fl. 27 Baker, Fl.  
City & State City & State  
23 32531 Okaloosa 28 32531 Okaloosa  
Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
JORDAN, T. T.  
5728 HWY 4  
BAKER FL 32531  
*In our church, a person serves 3 years, and rotates off. In October this person will be replaced.*

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Garland Barrow (Trustee) DATE 3-4-95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	TDC
NAME	LILES, JEAN
STREET ADDRESS	5790 BUCK WAND RD
CITY-STATE-ZIP	BAKER FL
TITLE	T
NAME	JORDAN, T. T.
STREET ADDRESS	5722 HWY 4 5728 Hwy 4
CITY-STATE-ZIP	BAKER FL
TITLE	T
NAME	HUNT, JIM
STREET ADDRESS	HWY 4 P.O. Box 222
CITY-STATE-ZIP	BAKER FL
TITLE	T
NAME	Barrow, Garland (addition to change)
STREET ADDRESS	472 Hwy 4
CITY-STATE-ZIP	Baker, Fl. 32531
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barrow, Garland
1.3 STREET ADDRESS	472 Hwy 4
1.4 CITY-STATE-ZIP	Baker, Fl. 32531
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(h), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. T. Jordan (Trustee Chair) DATE 3-4-95 537-11591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date