

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

I prefer to have copies for my files. It would be great to have a carbon sheet + another sheet for me to keep.



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

Principal Place of Business: **EAST FOURTEENTH ST. BAKER FL 32531 US**
Mailing Address: **P.O. BOX 333 BAKER FL 32531 US**

3. Date Incorporated or Qualified: **12/10/1982**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-2116433**
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 ?

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**JORDAN, T. T.
5728 HWY 4
BAKER FL 32531**

10. Name and Address of New Registered Agent
81 Name: **Martha C. Jordan**
82 Street Address (P.O. Box Number is Not Acceptable): **5728 Hwy 4**
83 City: **Baker**
84 City: **Baker**
85 Zip Code: **32531 FL**

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: *Martha C. Jordan* (NOTE: Registered Agent signature required when reinstating) DATE: **2-12-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	T BARROW, GARLAND	<input type="checkbox"/>
NAME	472 HWY 4	
STREET ADDRESS	BAKER FL	
CITY - ST - ZIP		
TITLE	T JORDAN, T. T.	<input checked="" type="checkbox"/>
NAME	5728 HWY 4	
STREET ADDRESS	BAKER FL	
CITY - ST - ZIP		
TITLE	T HUNT, JIM	<input type="checkbox"/>
NAME	P.O. BOX 222	
STREET ADDRESS	BAKER FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	Trustee	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Martha C. Jordan		
2.3 STREET ADDRESS	5728 Hwy 4		
2.4 CITY - ST - ZIP	Baker, FL. 32531		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Martha C. Jordan* DATE: **2-12-96** DAYTIME PHONE #: **904-537-4591**

CR2E037 (12/95)