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NONPROFIT **CORPORATION ANNUAL REPORT**

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

766059

(0)

FIRST BAPTIST CHURCH, INC., OF BAKER, FLORIDA

FILED Feb 04 1997 8:00am Secretary of State



Principal Plan	pal Place of Business Mailing Address								
1347									
EAST FOURTEI BAKER FL 325		BAKER FL 32531-0333							
US		US				3. Date Incorporated or Qualified 12/10/1982	3a. Date o	Last R /16/19	
2. Principal Place of Business 2a. Mailing Address 2b. 1347 Fourteenth St. 26						4. FEI Number 59-2116433	Number Appli		plied For t Applicable
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
									Zip
1	9. Name and Address of Curr		1			10. Name and Address of New Re	-		
				81	Name				
JORDAN, MARTHA C.			ŀ	82	Street Addre	t Address (P.O. Box Number is Not Acceptable)			
5728 HWY 4 BAKER FL 32531			ł	63					
•			Ì	84	City		FL 8	Zip	Code
11 Pursuant	to the provisions of Sections 617 Of	502 and 617 1508 Florida Statut	es the ab	YOVE	-named corn	oration submits this statement for the pon's board of directors. I hereby accep		naina il	s registerer
SIGNATURE .	Signature, typed or printed name of registered of OFFICERS A	agent and title if applicable. (NOT	E: Registered	Age	ent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	RECTOR	S IN 12
TITLE	T	DELETE	1.1 TIT	LE.				Change	Addition
iame	BARROW, GARLAND		1.2 NA	WE					
STREET ADDRESS	472 HWY 4		1.3 ST	REET	ADDRESS				•
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NAME	JORDAN, MARTHA C. 5728 HWY 4		2.2 NA		ADDRESS				1
STREET ADDRESS (CITY - ST - ZIP	BAKER FL				ADORESS ST-ZIP				2,167
TITLE	T	DELETE	3.1 TIT			,	X	Change	Additio
IAME	HUNT, JIM	•	3.2 NA	WE	E	arl Thompson	•		
STREET ADDRESS	P.O SOX 222		3.3 ST	REET	ADDRESS 2	54 & HWW C4	9		
CITY-ST-ZIP	BAKER PL		3.4. Ct	ΠΥ- 5	ST-ZIP	bakeroil/ 3253	1		
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CITY-ST-ZIP TITLE NAME			4. 2 N/ 4.3 ST 4.4 CH 5.1 TH 5.2 NA	TY-S TLE VME	ADDRESS	· · · · · · · · · · · · · · · · · · ·		Change	Addition
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City-ST-ZIP Title Name Street address City-ST-ZIP			4. 2 N/ 4.3 ST 4.4 C/l 5.1 T/l 5.2 NA 5.3 ST	TY-S TLE VME TREET TY-S	ADDRESS ST-ZIP ADDRESS			Change Change	
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I have been been successful that the information supplied with this limit does not qualify for the exemption stated in section 119.07(3)(1), Fronce statutes. I further exemption 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 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.