

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

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766059 (0)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH, INC., OF BAKER, FLORIDA**



Principal Place of Business <b>1347 E 14TH ST BAKER FL 32531 US</b>	Mailing Address <b>P.O. BOX 333 BAKER FL 32531 US</b>
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3. Date incorporated or Qualified <b>12/10/1982</b>		
4. FEI Number <b>59-2116433</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 Martha C. Jordan 1-8-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARROW, GARLAND</b>	1.2 NAME <b>Tr Marvis Carr</b>
STREET ADDRESS	<b>472 HWY 4</b>	1.3 STREET ADDRESS <b>6161 N. Hwy 189</b>
CITY-ST-ZIP	<b>BAKER FL</b>	1.4 CITY-ST-ZIP <b>BAKER, FL. 32531</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORDAN, MARTHA C.</b>	2.2 NAME <b>Jordan, Martha C.</b>
STREET ADDRESS	<b>5728 HWY 4</b>	2.3 STREET ADDRESS <b>5728 Hwy 4 Baker, Fl. 32531</b>
CITY-ST-ZIP	<b>BAKER FL</b>	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, EARL</b>	3.2 NAME <b>Tr Thompson, Earl</b>
STREET ADDRESS	<b>954 HWY</b>	3.3 STREET ADDRESS <b>954 Hwy 4-A</b>
CITY-ST-ZIP	<b>BAKER FL</b>	3.4 CITY-ST-ZIP <b>BAKER, FL. 32531</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME **Tr Marvis Carr**

1.3 STREET ADDRESS **6161 N. Hwy 189**

1.4 CITY-ST-ZIP **BAKER, FL. 32531**

2.1 TITLE  Change  Addition

2.2 NAME **Jordan, Martha C.**

2.3 STREET ADDRESS **5728 Hwy 4 Baker, Fl. 32531**

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME **Tr Thompson, Earl**

3.3 STREET ADDRESS **954 Hwy 4-A**

3.4 CITY-ST-ZIP **BAKER, FL. 32531**

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: Martha C. Jordan (Martha C. Jordan) 1-8-98 850-537-4591

CR2E037 (10/97)