

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 770371 (3)

1. Corporation Name
FIRST BAPTIST CHURCH OF WAHOO, INC.



Principal Place of Business: 4517 CR 319 BUSHNELL FL 33513 US
Mailing Address: 4517 CR 319 BUSHNELL FL 33513 US

3. Date Incorporated or Qualified: 09/22/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for address details.

4. FEI Number: 59-1441467
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

9. Name and Address of Current Registered Agent: MERRITT, ROBERT EUGENE, HIGHWAY 475, P. O. BOX 483, BUSHNELL FL 33513
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVETT, JERRY	1.2 NAME	LOVETT, MIKE
STREET ADDRESS	ROUTE 2, BOX 702	1.3 STREET ADDRESS	2747 CR 615
CITY-ST-ZIP	BUSHNELL FL	1.4 CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	SDT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIMS, BONNIE	2.2 NAME	LOVETT, ALICE
STREET ADDRESS	RT. 2 BOX 725	2.3 STREET ADDRESS	Hwy 48 W
CITY-ST-ZIP	BUSHNELL FL	2.4 CITY-ST-ZIP	P.O. BOX 211 BUSHNELL, FL 33513
TITLE	VPTD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROESEL, EMERSON	3.2 NAME	DIETZ, JUD
STREET ADDRESS	5482 WEST CR 48	3.3 STREET ADDRESS	5954 SE 7th WAY
CITY-ST-ZIP	BUSHNELL FL	3.4 CITY-ST-ZIP	P.O. Box 1601 BUSHNELL, FL 33513
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	

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: Alice W. Lovett, Secy. Treasurer Date: 4/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Alice W. Lovett Date: _____

CR2E037 (12/95)