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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 771092 (4)

1. Corporation Name

FIRST FREE WILL BAPTIST CHURCH OF AUBURDALE, FL
ORIDA, INC.



Principal Place of Business

Mailing Address

LE. FLORIDA, INC.
107 ROSE ST
AUBURDALE FL 33823
US

LE. FLORIDA, INC.
107 ROSE ST
AUBURDALE FL 33823-3541
US

3. Date Incorporated or Qualified
11/04/1983

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2514301

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEITMAN, LESTER
107 ROSE ST
AUBURDALE FL 33823

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 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

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 D DELETE
NAME LYNN, SANFORD H
STREET ADDRESS 113 CLAYTON ROAD
CITY - ST - ZIP AUBURDALE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D DELETE
NAME PAUL, MAXWELL
STREET ADDRESS 106 PIKE STREET
CITY - ST - ZIP AUBURDALE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD DELETE
NAME PARRISH, SARAH J
STREET ADDRESS 4245 K-VILLE AVENUE
CITY - ST - ZIP AUBURDALE FL

3.1 TITLE Change Addition
3.2 NAME SDMelanie Weitman
3.3 STREET ADDRESS 3110 Ave T NW
3.4 CITY - ST - ZIP Winter Haven, Fl 33881

TITLE TD DELETE
NAME LYNN, SHARON J
STREET ADDRESS 113 CLAYTON ROAD
CITY - ST - ZIP AUBURDALE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D DELETE
NAME DAVIS, W.F.
STREET ADDRESS 811 MELTON AVENUE
CITY - ST - ZIP AUBURDALE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE PD DELETE
NAME WEITMAN, LESTER
STREET ADDRESS 107 ROSE ST.
CITY - ST - ZIP AUBURDALE FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

Sandra B. Matham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22 - 97 941-967-2202
Date Daytime Phone # 0003306

CR2E037 (9/96)