

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02132** (1)
1. Corporation Name
FIRST BAPTIST CHURCH OF EUREKA, EUREKA, FLORIDA INC.



Principal Place of Business 16350 N.E. 148TH TERR. RD. P.O. BOX 389 FT MCCOY FL 32134	Mailing Address 16350 N.E. 148TH TERR. RD. P.O. BOX 389 FT MCCOY FL 32134-0389
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/22/1984	3a. Date of Last Report 03/07/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DENMON, LORETTA A
15875 NE 147TH CT
FT MCCOY FL 32134**

10. Name and Address of New Registered Agent
81 Name **George M. Walker**
82 Street Address (P.O. Box Number is Not Acceptable)
PO. BOX 612 17529 NE 148th Terr Rd
83
84 City **Ft McCoy**, FL 85 Zip Code **32134**

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 **George M. Walker - President** *George M. Walker* 4-12-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DENMON, LORETTA A	
STREET ADDRESS	15875 NE 147TH CT	
CITY-ST-ZIP	FT MCCOY FL 32134	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DENMON, JUDY	
STREET ADDRESS	15875 NE 14 CT	
CITY-ST-ZIP	FT MCCOY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TROTTER, DEBRA	
STREET ADDRESS	16321 NE 141 TERR	
CITY-ST-ZIP	FT MCCOY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George M. Walker	
1.3 STREET ADDRESS	17529 NE 148th Terr Rd PO. Box 612	
1.4 CITY-ST-ZIP	Ft McCoy, FL 32134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Debra D. Trotter* **Debra D. Trotter** 4-13-97 (352) 873-8177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0002768

CR2E037 (9/95)