


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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08335 (4)**  
 1. Corporation Name  
**FIRST BAPTIST CHURCH OF ARGYLE, INC.**

Principal Place of Business <b>6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244</b>	Mailing Address <b>6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244</b>
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3. Date Incorporated or Qualified  
**03/25/1985**

4. FEI Number <b>59-2452062</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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. Country
24. Zip	25. Country
29. Zip	30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**GAY, DENNIS  
 8573 ECHORIDGE CT  
 JACKSONVILLE FL 32244**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	SHOCKLEY, FRANK	
STREET ADDRESS	8126 POE CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	PERLOWICK, MIKE	
STREET ADDRESS	28 BELMONT BLVD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GAY, DENNIS	
STREET ADDRESS	8573 ECHORIDGE CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SWARINGEN, JIM	
STREET ADDRESS	8152 CROSSWIND DR	
CITY-ST-ZIP	JACKSONVILLE 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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phil Massicotte	
1.3 STREET ADDRESS	8332 Mistwood Cr. n.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32244	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carl Williams	
2.3 STREET ADDRESS	6746 Shindler Dr.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32222	
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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	scott McGuffey	
4.3 STREET ADDRESS	8431 Everest Dr.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32244	
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 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: *DENNIS GAY - TREASURER* *[Signature]* 4/19/98 390-4656

CFR2E037 (10/97)