


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244	Mailing Address 6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244
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3. Date Incorporated or Qualified
03/25/1985

4. FEI Number 59-2452062	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT DELETED	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOCKLEY, FRANK	1.2 NAME	Phil Massicotte
STREET ADDRESS	8126 POE CT.	1.3 STREET ADDRESS	8332 Mistwood Cr. n.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32244 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VI DELETED	2.1 TITLE	VT - Carl Williams
NAME	PERLOWICK, MIKE	2.2 NAME	6746 Shindler Dr.
STREET ADDRESS	28 BELMONT BLVD	2.3 STREET ADDRESS	Jacksonville, FL 32222 <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GAY, DENNIS	3.2 NAME	
STREET ADDRESS	8573 ECHORIDGE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	ST DELETED	4.1 TITLE	ST - scott McGuffey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARINGEN, JIM	4.2 NAME	8431 Everest Dr.
STREET ADDRESS	8152 CROSSWIND DR	4.3 STREET ADDRESS	Jacksonville, FL 32244 <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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	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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VT - Carl Williams
2.2 NAME	6746 Shindler Dr.
2.3 STREET ADDRESS	Jacksonville, FL 32222 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	ST - scott McGuffey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	8431 Everest Dr.
4.3 STREET ADDRESS	Jacksonville, FL 32244 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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)