


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90087 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08335

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 03/25/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2452062
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GAY, DENNIS 8573 ECHORIDGE CT JACKSONVILLE FL 32244		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSICOTTE, PHIL	1.2 NAME	CLIFTON, RAY
STREET ADDRESS	8332 MISTWOOD CR NORTH	1.3 STREET ADDRESS	7816 Knoll Dr. N.
CITY-ST-ZIP	JACKSONVILLE FL 32244	1.4 CITY-ST-ZIP	Jacksonville, FL 32221
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CARL	2.2 NAME	MEADOWS, JOHN
STREET ADDRESS	6746 SHINDLER DRIVE	2.3 STREET ADDRESS	7603 Cinnamon Tea Ct.
CITY-ST-ZIP	JACKSONVILLE FL 32222	2.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUFFEY, SCOTT	4.2 NAME	MITCHELL, TIM
STREET ADDRESS	8431 EVEREST DR	4.3 STREET ADDRESS	1288 Bear Run Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32244	4.4 CITY-ST-ZIP	Orange Park, FL 32065
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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 11/18/99 390-4656

CR2E037 (11/98)