

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N08424** (6)

1. Corporation Name
FIRST BAPTIST CHURCH OF DUNEDIN INC.



Principal Place of Business: C/O REV. WAYNE A. EARNEST, VIRGINIA & HIGHLAND AT MAIN STREET, DUNEDIN FL 33528
Mailing Address: C/O REV. WAYNE A. EARNEST, VIRGINIA & HIGHLAND AT MAIN STREET, DUNEDIN FL 33528

3. Date Incorporated or Qualified: **03/28/1985**
3a. Date of Last Report: **02/23/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-0830738		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	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

**EARNEST, REV. WAYNE A.
VIRGINIA & HIGHLAND AT MAIN STREET
DUNEDIN FL 33528**

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 necessary.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERWIN, HOWARD	1.2 NAME	AL SPURLOCK
STREET ADDRESS	2655 ST. ANDREWS DR	1.3 STREET ADDRESS	2229 CURLEW RD
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENSINGER, BARRY	2.2 NAME	BARRY KENSINGER
STREET ADDRESS	1875 SAN MATEO	2.3 STREET ADDRESS	1875 SAN MATEO
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYAN, VINCE	3.2 NAME	BILL Delancey
STREET ADDRESS	235 LAUGHING GULL LA	3.3 STREET ADDRESS	118 PLUMOSA DRIVE
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	LARGO FL 34641
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARNEST, WAYNE A.	4.2 NAME	
STREET ADDRESS	500 WOOD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	EVELYN WADE
STREET ADDRESS		5.3 STREET ADDRESS	7100 ULMERTON RD # 2171
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LARGO, FL 34641
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wayne A. Earnest DATE: 4/4/96
WAYNE A. EARNEST (813) 733-3188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dist. Dist. Phone #

CR2E037 (12/95)