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FILED
Aug 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N10198
1. Corporation Name
Family Life Baptist Church, Inc.

Principal Place of Business: 1428 NW 50th Terrace, Gainesville, FL 32605
Mailing Address: P.O. Box 90063, Gainesville, FL 32607

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 7/12/85
4. FEI Number: 59-2552664
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
West, Jon K.
1931 N.W. 4th Street
Gainesville, FL 32605

10. Name and Address of New Registered Agent
81 Name: Barbara Monday
82 Street Address (P.O. Box Number is Not Acceptable): 4342 NW 61st Terrace
83
84 City: Gainesville FL 85 Zip Code: 32606

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: Barbara Monday DATE: 8/11/98

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	Eugene Dreyer	
STREET ADDRESS	1428 NW 50th Terrace	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	DELETED
NAME	Samuel Johnston	
STREET ADDRESS	1915 NW 13th Street	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	D	DELETED
NAME	Claude Tudor	
STREET ADDRESS	RT 3, Box 470	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE	S	DELETED
NAME	Barbara Monday	
STREET ADDRESS	4342 NW 61st Terrace	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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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: Barbara Monday Barbara Monday DATE: 8/11/98 552-377-7071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)