

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N17054** (0)

1. Corporation Name

FIRST BAPTIST CHURCH OF ATLANTIC BEACH, INC.



Principal Place of Business: 1050 MAYPORT ROAD ATLANTIC BEACH FL 32233
Mailing Address: 1050 MAYPORT ROAD ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified: 09/30/1986
3a. Date of Last Report: 08/25/1995

2. Principal Place of Business (21-24) and Mailing Address (2a-26) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: 59-1161109
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: LEEK, ELOISE, 2851 MAYPORT ROAD, ATLANTIC BEACH FL 32233
10. Name and Address of New Registered Agent: MOZELLE SEIF, 770 AMBERJACK, ATLANTIC BEACH, FL 32233

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: *Mozele Seif* (Signature typed or printed name of registered agent in block 10)
DATE: 2-14-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NORWOOD, KEN	11 TITLE	
NAME	1050 MAYPORT ROAD	12 NAME	
STREET ADDRESS	ATLANTIC BEACH FL 32233	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD SELF, L.F.	21 TITLE	
NAME	770 AMBERJACK LANE	22 NAME	
STREET ADDRESS	ATLANTIC BEACH FL 32233	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	STD FADDEN, STETSON W JR.	31 TITLE	
NAME	755 AMBERJACK LANE	32 NAME	
STREET ADDRESS	ATLANTIC BEACH FL 32233	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 unchanged, or on an attachment with an address.

SIGNATURE: *Lewis F. Seif*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: _____ DAYTIME PHONE #: _____

CR2E037 (12/95)