FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

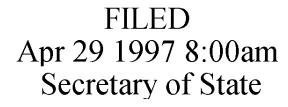
1997 DOCUMENT #
1. Corporation Name

(0)

FIRST BAPTIST CHURCH OF ATLANTIC BEACH, INC.

Principal Place of Business	S
INCA HAVDODT DOAD	

Mailing Address





1050 MAYPORT ROAD ATLANTIC BEACH FL 32233		1050 MAYPORT ROAD ATLANTIC BEACH FL 3223	3-3432			
					 Date incorporated or Qualified 09/30/1986 	3a. Date of Last Report 02/21/1996
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1161109	Not Applical
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	6	City & State		-	6. Election Campaign Financing 1 rust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7(p 29	30 Cour	ılry		☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		nal	10. Name and Address of New Re	glatered Agent
				B1 Name		
SEIF, MOZELLE 770 AMBERJACK					dress (P.O. Box Number is Not Acceptal	Die)
ATLANTIC	C BCH FL 32233			B3		
				B4 City		FL 85 Zip Code
l office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	authorized	by the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its register of the appointment as registered
SIGNATURE	MOZELLE SA	T/F 4	276	11.	ell 4-	14-1997
SIGNATURE .	Signature, typed or printed name of registered age	of and title if applicable (NO	L: Regis yed	Agent signature rec	quired frien reinstating)	DATE
12.	OFFICERS ANI		Y 3.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addit
TITLE	PD NEW OOD WEN	☐ DELETE	1.1 TII			C Change C Addit
NAME	NORWOOD, KEN		1.2 NA			
STREET ADDRESS	1050 MAYPORT ROAD ATLANTIC BEACH FL 32233			REFT ADDRESS		
CITY-ST-ZIP TITLE	VD	DELETE	2.1 1(1	Y-ST-ZIP		☐ Change ☐ Addi
NAME	SELF, L.F.		2.2 NA			
STREET ADDRESS	770 AMBERJACK LANE		2.3 \$1	REET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		2. 4 Cl	TY-ST-ZIP		
TITLE	STD	DELETE	3.1 T(T	LF \$	STD / Car	Change 🔲 Addi
NAME	FADDEN, STETSON W JR.		3.2 NA	ME .	STRAUGHAN, EMS	L
STREET ADDRESS	755 AMBERJACK LANE		3.3 \$1	REET ADDRESS	2634 BADDOCK DE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	T brusse		TY-ST-ZIP	STD STRAUGHAN EAK 2634 PADDOLK DR TACKSONVILLE, FI	SAAS O Change Addi
TITLE		DELETE	4.1 1)]	٠٠ <u> </u>	·	Change
NAME			4. 2 N/			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.1 117	Y-SI-ZIP		Change Addi
NAME			5.2 NA			
STREET ADDRESS			1	REFT ADDRESS		
CITY-ST-ZIP			1	Y-ST-ZIP		
TITLE		DELETE	6.1 TIT			Change Addi
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REE1 ADDRESS		
CITY-ST-ZIP			640	Y - ST - ZIP		

I do 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.