

DOCUMENT # N17054

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1161109	Applied For Not Applicable
Zip	Country	Zip	Country

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90061 041 ****61.25



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~WHITEHEAD, SOWARD OR~~ **Edward, SR.**
~~317 SARGO RD~~
ATLANTIC BCH FL 32233

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> Delete
NAME	ABNER, JESSE	
STREET ADDRESS	2291 LUANA DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SULLIVAN, FRED	
STREET ADDRESS	691 AMBERJACK LANE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOFFMAN, TONY SR.	
STREET ADDRESS	13540 CRASHAW	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward Whitehead Sr.** *Edward Whitehead Sr.* **Jan-7-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)