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FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18990 (4)

1. Corporation Name

AVALON BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

4316 AVALON BLVD
MILTON FL 32583
US4316 AVALON BLVD.
MILTON FL 32583-2858
US

3. Date Incorporated or Qualified

01/28/1987

3a. Date of Last Report

03/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTSON, DAVID
5624 CARDIMAN
MILTON FL 32583

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTR	<input type="checkbox"/> DELETE
NAME	LEWIS, BENNIE	
STREET ADDRESS	108 SPRINGDALE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	TTR	<input type="checkbox"/> DELETE
NAME	WALDERS, KENNY	
STREET ADDRESS	6445 BUTTERNUT	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	STR	<input type="checkbox"/> DELETE
NAME	BILBO, JACK	
STREET ADDRESS	6550 WHIPPORWILL LANE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	PTR	<input type="checkbox"/> DELETE
NAME	ROBERTSON, DAVID	
STREET ADDRESS	5624 CARDIMAN	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHITFIELD, CLARENCE	
1.3 STREET ADDRESS	623 FORTE ST	
1.4 CITY-ST-ZIP	PALE, FL 32571	
2.1 TITLE	TTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUGGS, EUGENE	
2.3 STREET ADDRESS	6084 CARR RD.	
2.4 CITY-ST-ZIP	MILTON, FL 32583	
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		

14. 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.

SIGNATURE:

11 Feb. 1997 904-625-1241

CR2E037 (9/96)