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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N19624

1. Corporation Name
FIRST BAPTIST CHURCH OF BAGDAD, INC.

Principal Place of Business 4529 FORSYTH ST P.O. BOX 247 BAGDAD FL 32530-0247	Mailing Address 4529 FORSYTH ST P.O. BOX 247 BAGDAD FL 32530-0247
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1036027	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip Country	28	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEPHENS, GLEN #3 STARHILL DR MILTON FL 32570				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS, HUNTER	1.2 NAME	
STREET ADDRESS	6775 VENTURA BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN, FIELDER	2.2 NAME	
STREET ADDRESS	3333 ROBINSON POINT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNTER, WAYNE	3.2 NAME	
STREET ADDRESS	4600 GUNTER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEFFIELD, JOSEPHINE	4.2 NAME	
STREET ADDRESS	150 SHEFFIELD DRIVE	4.3 STREET ADDRESS	4534 Sheffield Dr.
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	Pace, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Josephine Sheffield **SIGNATURE REQUIRED** Josephine Sheffield **4/1/99** (850)623-8897
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/1/98)