


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

**FILED**

**May 20 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22944 (5)**

1. Corporation Name  
**FELLOWSHIP INDEPENDENT BAPTIST CHURCH OF QUINCY, INC.**



Principal Place of Business <b>651 SOUTH ADAMS STREET QUINCY FL 32351</b>	Mailing Address <b>651 SOUTH ADAMS STREET QUINCY FL 32351-3905</b>
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3. Date Incorporated or Qualified <b>10/09/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DANIEL, WILLIAM F.  
418 EAST VIRGINIA STREET  
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, WILLIAM A.</b>	
STREET ADDRESS	<b>651 S ADAMS ST</b>	
CITY-ST-ZIP	<b>QUINCY FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIMS, ERNEST</b>	
STREET ADDRESS	<b>3213 N RIDGE RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVENPORT, SANDRA</b>	
STREET ADDRESS	<b>RT 6 BOX 508-D</b>	
CITY-ST-ZIP	<b>QUINCY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	<b>Green, William A.</b>		
1.3 STREET ADDRESS	<b>631 N. Calhoun Street</b>		
1.4 CITY-ST-ZIP	<b>Quincy, FL 32351</b>		
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	<b>James Williams</b>		
2.3 STREET ADDRESS	<b>P.O. Box 159 (N/A)</b>		
2.4 CITY-ST-ZIP	<b>Midway, FL 32343</b>		
3.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	<b>Elijah Stackhouse</b>		
3.3 STREET ADDRESS	<b>3102-B Jim Lee Rd.</b>		
3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>		
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.

CR2E037 (9/96)