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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24502 (9)
1. Corporation Name
SANTA FE BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
7505 CR 236 SANTA FE FL 32616 US
P. O. BOX 37 SANTA FE FL 32616-0037 US

3. Date Incorporated or Qualified 01/25/1988
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number 59-2961144 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BRAGG, TERESA D
5617 NW 254TH AVE.
LACROSSE FL 32858

10. Name and Address of New Registered Agent
81 Name Travers, Ginger D.
82 Street Address (P.O. Box Number is Not Acceptable) 19903 NW CR 236
83
84 City High Springs FL 85 Zip Code 32643

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 *Ginger D. Travers, Treasurer* DATE Jan. 13, 1997

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	IMLER, J. S.	
STREET ADDRESS	STATE ROAD 236	
CITY-ST-ZIP	SANTA FE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BECKHAM, JULIAN	
STREET ADDRESS	RT. 2, BOX 193	
CITY-ST-ZIP	ALACHUA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NORRIS, DELLY	
STREET ADDRESS	RT. 2, BOX 194	
CITY-ST-ZIP	ALACHUA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRAGG, TERESA D	
STREET ADDRESS	5617 NW 254TH AVE.	
CITY-ST-ZIP	LACROSSE FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Travers, Ginger D.
4.4 CITY-ST-ZIP	P.O. Box 1573 (N/A) Alachua FL, 32616-1573
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: *Ginger D. Travers* DATE: Jan. 13, 1997 (001)454-3114

CR2E037 (9/96)