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Apr 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24502

1. Corporation Name
SANTA FE BAPTIST CHURCH, INC.

Principal Place of Business 7505 CR 236 SANTA FE FL 32616 US	Mailing Address P. O. BOX 37 SANTA FE FL 32616 US
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2. Principal Place of Business 21	2a. Mailing Address 26 7505 NW CR 236	3. Date Incorporated or Qualified 01/25/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2961144 Applied For Not Applicable
City & State 23	City & State 28 Alachua, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 32615	Country 30 US	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TRAVERS, GINGER D. 19903 NW CR 236 HIGH SPRINGS FL 32643				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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* DATE 2/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMLER, J. S.	1.2 NAME	Ernest Smith
STREET ADDRESS	STATE ROAD 236	1.3 STREET ADDRESS	P.O. Box 1306, 1403 NW 53rd Avenue
CITY-ST-ZIP	SANTA FE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32653
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKHAM, JULIAN	2.2 NAME	Shaun Temes
STREET ADDRESS	RT. 2, BOX 193	2.3 STREET ADDRESS	Rt. 2 Box 652J
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP	Lake Butler, FL 32054
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, DELLY	3.2 NAME	Patricia H. Hill
STREET ADDRESS	RT. 2, BOX 194	3.3 STREET ADDRESS	5916 NW 234th Avenue
CITY-ST-ZIP	ALACHUA FL	3.4 CITY-ST-ZIP	Alachua, FL 32615
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVERS, GINGER D.	4.2 NAME	
STREET ADDRESS	P.O BOX 1573 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	4.4 CITY-ST-ZIP	
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: *Ginger D. Travers* DATE 4/26/99 DAYTIME PHONE # 904-462-7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)