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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N26181 (0)
1. Corporation Name
FIRST BAPTIST CHURCH OF ALACHUA, INC.



Principal Place of Business: POST OFFICE BOX 97, ALACHUA FL 32615
Mailing Address: POST OFFICE BOX 97, ALACHUA FL 32615

3. Date Incorporated or Qualified: 04/29/1988
4. FEI Number: 59-1161292
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
METZLER, MICHAEL K.
2630 NW 41ST ST.
BUILDING A
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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	P	1.1 TITLE	P
NAME	PRUETTE, BARRY	1.2 NAME	Jack Zuidema
STREET ADDRESS	23918 N.W. 128TH LANE	1.3 STREET ADDRESS	10317 NW 270th Ave.
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	Alachua, FL 32615
TITLE	SD	2.1 TITLE	VP
NAME	MATTHEWS, ARCHIE	2.2 NAME	William Cellon Jr.
STREET ADDRESS	RT 2, BOX 494	2.3 STREET ADDRESS	17218 N. State Rd 121
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP	Gainesville, FL 32653
TITLE	D	3.1 TITLE	
NAME	BOYD, THOMAS C., JR.	3.2 NAME	
STREET ADDRESS	452 SW 2ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	HAGUEWOOD, BRUCE	4.2 NAME	
STREET ADDRESS	14715 NW 39TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CELLON, RALPH W., JR.	5.2 NAME	
STREET ADDRESS	3822 CREEK DR., WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	METZLER, MICHAEL	6.2 NAME	
STREET ADDRESS	2630-A N.W. 41ST ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	

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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.

SIGNATURE: METZLER, MICHAEL

CR2E037 (10/97)