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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N26906

1. Corporation Name

FIRST BAPTIST CHURCH OF ARCADIA, INC.

Principal Place of Business

Mailing Address

1006 N. BREVARD AVE
 ARCADIA FL 33821
 US

1006 N. BREVARD AVE
 ARCADIA FL 33821
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/10/1988

22 City & State

27 City & State

4. FEI Number

Applied For
 Not Applicable

59-0689702

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, FLETCHER
 124 N. BREVARD AVE.
 ARCADIA FL 33821

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME COKER, MURL
 STREET ADDRESS 3943 NW CR 661A
 CITY-ST-ZIP ARCADIA FL

1.1 TITLE PD Change Addition
 1.2 NAME CARL YOST
 1.3 STREET ADDRESS 6443 NW PINE HURST DR
 1.4 CITY-ST-ZIP ARCADIA FL 34266

TITLE D DELETE
 NAME RUTHERFORD, HIRAM
 STREET ADDRESS 840 N JOHNSON AVE
 CITY-ST-ZIP ARCADIA FL 34266

2.1 TITLE VD Change Addition
 2.2 NAME ZEB PARKER
 2.3 STREET ADDRESS 5484 SE BROWN RD
 2.4 CITY-ST-ZIP ARCADIA FL 34266

TITLE SD DELETE
 NAME DOZIER, JOYCE
 STREET ADDRESS 153 S. VOLUSIA AVE
 CITY-ST-ZIP ARCADIA FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME YOST, CARL
 STREET ADDRESS 6443 NW PINEHURST DR
 CITY-ST-ZIP ARCADIA FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME WOMACK, ROBERT L
 STREET ADDRESS P O BOX 1422 N/A
 CITY-ST-ZIP ARCADIA FL

5.1 TITLE D Change Addition
 5.2 NAME MURL COKER
 5.3 STREET ADDRESS 3943 NW CR 661A
 5.4 CITY-ST-ZIP ARCADIA FL 34266

TITLE TD DELETE
 NAME SORRELLS, STEVE
 STREET ADDRESS 6923 CR 661
 CITY-ST-ZIP ARCADIA FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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: *Steve Sorrells* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Sorrells
 Treasurer

4/19/99

Date

Daytime Phone #

CR2E037 (11/98)