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Feb 14 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 # N30963 (5)

1. Corporation Name
FIRST BAPTIST CHURCH OF GOLDEN GATE, INC.



Principal Place of Business: 2741 SANTA BARBARA BOULEVARD, C/O MARGARET W. JERGUSON, NAPLES FL 33999
Mailing Address: 2741 SANTA BARBARA BOULEVARD, C/O MARGARET W. JERGUSON, NAPLES FL 34116-7434

3. Date Incorporated or Qualified: 03/02/1989
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business: 21 2741 SANTA BARBARA BLVD
Suite, Apt #, etc.

2a. Mailing Address: 26
Suite, Apt #, etc.

4. FEI Number: 65-0134693
Applied For: Not Applicable

22
City & State: 23 NAPLES FL

27
City & State: 28

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24 Zip: 34116
25 Country: Collier

29 Zip: 30 Country:

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

10. Name and Address of New Registered Agent

JERGUSON, MARGARET W.
2741 SANTA BARBARA BOULEVARD
NAPLES FL 33999

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: Margaret W. Jerguson
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	<input type="checkbox"/> DELETE
NAME	LOCKHART, GEORGE, R	
STREET ADDRESS	1831 18TH AVENUE, N.E.	
CITY-ST-ZIP	NAPLES FL 33984	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALL, JOHN	
STREET ADDRESS	5380 - 4TH AVE., SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JERGUSON, MARGARET W.	
STREET ADDRESS	5321 12TH AVENUE S.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JERGUSON, JOHN	
STREET ADDRESS	5321 - 12TH AVE., S.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HINKLE, BOB	
STREET ADDRESS	3211 11TH AVE. SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALL, JOHN	
STREET ADDRESS	5380 4TH AVE. SW	
CITY-ST-ZIP	NAPLES FL 33999	

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 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.

SIGNATURE: George R. Lockhart 2-3-97 941-455-6682
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0060182

CR2E037 (9/96)