


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90005 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30963					
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 34116 US			Mailing Address 2741 SANTA BARBARA BOULEVARD C/O MARGARET W. JERGUSON NAPLES FL 34116 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0134693	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent JERGUSON, MARGARET W. 2741 SANTA BARBARA BOULEVARD NAPLES FL 33999				10. Name and Address of New Registered Agent	
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOCKHART, GEORGE, R			1.2 NAME			
STREET ADDRESS	1831 18TH AVENUE, N.E.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33964			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALL, JOHN			2.2 NAME			
STREET ADDRESS	5380 - 4TH AVE., SW			2.3 STREET ADDRESS	5380 PALMETTO WOODS DR		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP	NAPLES, FL 34119		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JERGUSON, MARGARET W.			3.2 NAME			
STREET ADDRESS	5321 12TH AVENUE S.W.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JERGUSON, JOHN			4.2 NAME	LYNTHIA CRYTZER		
STREET ADDRESS	5321 - 12TH AVE., S.W.			4.3 STREET ADDRESS	5253 32AVE SW		
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP	NAPLES FL 34116		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	TR <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWLING, RON			5.2 NAME			
STREET ADDRESS	3647 KENT RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34112			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	TR <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALL, JOHN			6.2 NAME			
STREET ADDRESS	5380 PALMETTO WOODS DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34119			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)