

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34626** (4)

1. Corporation Name

BRANNANFIELD BAPTIST CHURCH, INC.



Principal Place of Business 808 BRANNANFIELD ROAD MIDDLEBURG FL 32068 US	Mailing Address JESSE W MORGAN 4121 APPALOOSA RD MIDDLEBURG FL 32068-3706 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/10/1989	3a. Date of Last Report 02/08/1996
4. FEI Number 59-2989158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORGAN, JESSE 4121 APPALOOSA RD MIDDLEBURG FL 32068	
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10. Name and Address of New Registered Agent 81 Name JAMES V. GRIFFIN 82 Street Address (P.O. Box Number is Not Acceptable) 83 1278 FOXMEADOW TRAIL 84 City MIDDLEBURG FL 85 Zip Code 32068	
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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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE **JAMES V. GRIFFIN PD** (NOTE: Registered Agent signature required when reinstating) DATE **5-14-97**

12. OFFICERS AND DIRECTORS	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MOREY, HARRY
STREET ADDRESS	3494 DEVILWOOD STR
CITY-ST-ZIP	MIDDLEBURG FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MORGAN, JESSE
STREET ADDRESS	4121 APPALOOSA RD
CITY-ST-ZIP	MIDDLEBURG FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	GRAY, ROY
STREET ADDRESS	4067 BRONCO RD
CITY-ST-ZIP	MIDDLEBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GAIL B. SMITH
1.3 STREET ADDRESS	1847 KINGSLEY AVE. LOT B-8
1.4 CITY-ST-ZIP	ORANGE PARK FL. 32073
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES V. GRIFFIN
2.3 STREET ADDRESS	1278 FOXMEADOW TRAIL
2.4 CITY-ST-ZIP	MIDDLEBURG FL. 32068
3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TOM KIRK
3.3 STREET ADDRESS	3648 HAVENWOOD RD.
3.4 CITY-ST-ZIP	MIDDLEBURG FL. 32068
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: **JAMES V. GRIFFIN PD** (904) 282-4968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)