

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N35413 (6)
 1. Corporation Name
FIRST BAPTIST CHURCH, GRACEVILLE, FLORIDA, INC.



Principal Place of Business: **967 8TH AVE P. O. BOX 565 GRACEVILLE FL 32440**
 Mailing Address: **967 8TH AVE P. O. BOX 565 GRACEVILLE FL 32440**

3. Date Incorporated or Qualified: **11/29/1989** 3a. Date of Last Report: **03/14/1995**
 4. FEI Number: **59-1285151** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 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

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
 City & State: **23** City & State: **28**
 Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
NICHOLS, TERRY
1038 8TH AVE.
GRACEVILLE FL 32440

10. Name and Address of New Registered Agent
81 Name: Smith, Clif
82 Street Address (P.O. Box Number is Not Acceptable): 1491 Sanders Ave
83
84 City: Graceville FL 85 Zip Code: 32440

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: *Clif Smith* Date: **6-17-96**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: NICHOLS, TERRY	1.1 TITLE: Pd	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1038 8TH AVE.	CITY-ST-ZIP: GRACEVILLE FL 32440	1.2 NAME: Smith, Clif	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS: 1491 Sanders Ave	
		1.4 CITY-ST-ZIP: Graceville FL 32440	
TITLE: VD	NAME: REGISTER, BENNY	2.1 TITLE: VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1017 7TH AVE.	CITY-ST-ZIP: GRACEVILLE FL 32440	2.2 NAME: Wat Ford, Doyle	
	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS: 5388 College Dr.	
		2.4 CITY-ST-ZIP: Graceville FL 32440	
TITLE: SD	NAME: SMITH, CLIFF	3.1 TITLE: SD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1491 SANDERS AVE.	CITY-ST-ZIP: GRACEVILLE FL 32440	3.2 NAME: Curtis Phillips	
	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS: 5424 Cotton st.	
		3.4 CITY-ST-ZIP: Graceville FL 32440	
TITLE:	NAME:	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	<input type="checkbox"/> DELETE	5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	<input type="checkbox"/> DELETE	6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Clif Smith* Date: **6-17-96** Daytime Phone #: **904-263-3323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)