

FILE NOW: FILING FEE IS \$61.25

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**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35413 (6)
1. Corporation Name
FIRST BAPTIST CHURCH, GRACEVILLE, FLORIDA, INC.



Principal Place of Business 987 8TH AVE P. O. BOX 565 GRACEVILLE FL 32440	Mailing Address 987 8TH AVE P. O. BOX 565 GRACEVILLE FL 32440
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3. Date Incorporated or Qualified
11/29/1989

4. FEI Number 59-1285151	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BEARDEN, JOHNNY
1188 12 AVE
GRACEVILLE FL 32440**

10. Name and Address of New Registered Agent

81 Name Franklin, Joe
82 Street Address (P.O. Box Number is Not Acceptable) Rt 2 Box 27
83
84 City Graceville
85 Zip Code FL 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: *Joe Franklin* DATE: **4/15/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BEARDEN, JOHNNY	1.1 TITLE PD	1.1 NAME Franklin, Joe
STREET ADDRESS 1188 12 AVE	CITY-ST-ZIP GRACEVILLE FL	1.2 STREET ADDRESS Rt 2 Box 27	1.2 CITY-ST-ZIP Graceville FL 32440
TITLE VD	NAME JRANKLIN, JOE	2.1 TITLE VD	2.1 NAME Carroll, Frank
STREET ADDRESS RT2 BOX 27	CITY-ST-ZIP GRACEVILLE FL	2.2 STREET ADDRESS 5557 Brown St.	2.2 CITY-ST-ZIP Graceville FL 32440
TITLE SD	NAME PHILLIPS, CURTIS	3.1 TITLE	3.1 NAME
STREET ADDRESS 5424 COTTON ST	CITY-ST-ZIP GRACEVILLE FL	3.2 STREET ADDRESS	3.2 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.1 NAME
STREET ADDRESS	CITY-ST-ZIP	4.2 STREET ADDRESS	4.2 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.1 NAME
STREET ADDRESS	CITY-ST-ZIP	5.2 STREET ADDRESS	5.2 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.1 NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 STREET ADDRESS	6.2 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.

SIGNATURE: *Joe Franklin* DATE: **4/15/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)