


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90133 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N36041					
1. Corporation Name SOPCHOPPY FIRST BAPTIST CHURCH, INC.					
Principal Place of Business CORNER OF ROSE STREET AND FIFTH AVE. SOPCHOPPY FL			Mailing Address P O BOX 429 SOPCHOPPY FL 32358-0429 US		



2. Principal Place of Business 21 10 Faith Avenue		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/10/1990	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2368564	
23 City & State Sopchoppy, Fl		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32358 25 Country		29 Zip 30 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LANGSTON, RONALD 8257 SMITH CREEK ROAD SOPCHOPPY FL 32358				10. Name and Address of New Registered Agent 81 Name Craig Steinle 82 Street Address (P.O. Box Number is Not Acceptable) 160 Municipal Avenue 83 84 City Sopchoppy FL 85 Zip Code 32358	
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11. Pursuant to the provisions of Sections 617.0592 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 *Craig Steinle* DATE **5-19-99**
Signature, typed 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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LANGSTON, RONALD			1.2 NAME	Craig Steinle		
STREET ADDRESS	8257 SMITH CREEK ROAD			1.3 STREET ADDRESS	160 Municipal Avenue		
CITY-ST-ZIP	SOPCHOPPY FL 32358			1.4 CITY-ST-ZIP	Sopchoppy, Fl 32358		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLVIN, JEROME			2.2 NAME	Dale Litchfield		
STREET ADDRESS	49 EMMETT WHALEY ROAD			2.3 STREET ADDRESS	103 Purify Bay Road		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327			2.4 CITY-ST-ZIP	Crawfordville, Fl 32327		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAND, TERRY			3.2 NAME	Ned Bailey		
STREET ADDRESS	77 MATHERS FARM ROAD			3.3 STREET ADDRESS	170 Levy Bay Road		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327			3.4 CITY-ST-ZIP	Panacea, Fl 32346		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAUSE, CLAXTON			4.2 NAME			
STREET ADDRESS	80 PARK AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	SOPCHOPPY FL 32358			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Craig Steinle* DATE: **5-19-99** DAYTIME PHONE: **962-3914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)