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Apr 08 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 # N38822 (5)
1. Corporation Name
FIRST BAPTIST CHURCH OF FROSTPROOF, INC.



Principal Place of Business P.O. BOX 327 96 WEST B STREET FROSTPROFF FL 33843	Mailing Address P.O. BOX 327 96 WEST B STREET FROSTPROFF FL 33843-1843
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3. Date Incorporated or Qualified 06/27/1990	3a. Date of Last Report 04/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 FROSTPROOF Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 FROSTPROOF Zip 29 Country 30
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4. FEI Number 59-1105012	Applied For 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
**LAIRSEY, HERBERT
4703 WILLOW BROOK COURT
WINTER HAVEN FL 33881**

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: *James Herbert Lairsey* **JAMES HERBERT LAIRSEY, PRESIDENT** **March 31, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HOUCHINS, G.C.
STREET ADDRESS	331 WEST F. STREET
CITY-ST-ZIP	FROSTPROOF FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BEASLEY, CAROLE
STREET ADDRESS	234 EAST F STREET
CITY-ST-ZIP	FROSTPROOF FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MYER, JOYCE
STREET ADDRESS	1833 N. LAKE REEDY BLVD
CITY-ST-ZIP	FROSTPROOF FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILLARD HARMON
STREET ADDRESS	8 HEIGHTS AVENUE
CITY-ST-ZIP	FROSTPROOF FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BUTTS, RALPH
STREET ADDRESS	481 PALMETTO AVE
CITY-ST-ZIP	FROSTPROOF FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	LAIRSEY, HERBERT
STREET ADDRESS	5703 WILLOW BROOK COURT
CITY-ST-ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	BRANTLEY, JOHNNY
4.4 CITY-ST-ZIP	2251 SR 630 WEST FROSTPROOF, FL 33843
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LAIRSEY, JAMES HERBERT
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: *Carole Beasley* **CAROLE BEASLEY, SECRETARY** **04/01/97** **041-665-0400**

CR2E037 (9/96)