

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 25 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 # N41845 (1)
1. Corporation Name
THE FIRST BAPTIST CHURCH OF BARTOW, FLORIDA, INC



Principal Place of Business 410 E. CHURCH ST BARTOW FL 33830	Mailing Address 410 E. CHURCH ST BARTOW FL 33830-3928
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1991	3a. Date of Last Report 05/01/1996
21	22	23	24	4. FEI Number 05-0013304	Applied For <input type="checkbox"/> Not Applicable
25		26		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
27		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29		30		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

**F
SLOAN, LINTON
410 E CHURCH ST
BARTOW FL 33830**

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: *[Signature]* DATE: **4-9-97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBER, KENNETH D.	
STREET ADDRESS	1055 BEAR CREEK DR.	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHILES, AL, JR.	
STREET ADDRESS	740 MANOR DR.	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLAND, BEN	
STREET ADDRESS	1165 N. MILL AVE.	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, FRANK M.	
STREET ADDRESS	1520 SAILPOINT DR.	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VILLANUEVA, LUIS	
STREET ADDRESS	2160 EL PASO TRAIL	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YORK, W. RALPH	
STREET ADDRESS	915 SHADY LANE	
CITY - ST - ZIP	BARTOW 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 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: *[Signature]* DATE: **4/14/97**

CR2E037 (9/96)