


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 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 # N42829 (4)

1. Corporation Name
FLORIDA BAPTIST FINANCIAL SERVICES, INC.



Principal Place of Business 1320 HENDRICKS AVE JACKSONVILLE FL 32207	Mailing Address 1320 HENDRICKS AVE JACKSONVILLE FL 32207-8621
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1991		3a. Date of Last Report 04/26/1996	
21	22	23	24	25	26	27	28
4. FEI Number 59-0696288		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		Applied For Not Applicable	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		10. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent

**BORDERS, GEORGE R.
1320 HENDRICKS AVE.
JACKSONVILLE FL 32207**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	MARKHAM, RAY W.			1.2 NAME	Anderson, Linda H.		
STREET ADDRESS	1514 NIRA ST.			1.3 STREET ADDRESS	9526 Waterford Road		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville, FL 32257		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WATSON, W. ALVIN			2.2 NAME	Couey, Ned R.		
STREET ADDRESS	13654 MYRICA COURT			2.3 STREET ADDRESS	112 Overview Drive		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	Crestview, FL 32539		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROOME, C. RICHARD			3.2 NAME	Jackson, James F.		
STREET ADDRESS	4714 GEMINI DRIVE NORTH			3.3 STREET ADDRESS	1536 Breakers West Boulevard		
CITY-ST-ZIP	JACKSONVILLE FL 32217			3.4 CITY-ST-ZIP	West Palm Beach, FL 33411		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERLANDER, CHRISTOPHER A			4.2 NAME			
STREET ADDRESS	76 S. LAURA ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	EDT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORDERS, GEORGE R.			5.2 NAME			
STREET ADDRESS	3162 OLD PORT CIRCLE E.			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILL, STAN W.			6.2 NAME			
STREET ADDRESS	8088 GREEN GLADE ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			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 in an attachment with an address.

CR2E037 (9/96)