


FILE NOW: FILING FEE IS \$61.25

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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 # **N45978** (6)
1. Corporation Name
COOPERATIVE BAPTIST FELLOWSHIP OF FLORIDA, INC.



Principal Place of Business 820 McDONALD ST LAKELAND FL 33801 US	Mailing Address P.O. BOX 2556 LAKELAND FL 33806-2556
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1991	3a. Date of Last Report 03/18/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3104330	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ANDERSON, CAROLYN C 820 McDONALD STREET LAKELAND FL 33801				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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAINT-GAUDENS, ISABEL D		1.2 NAME		
STREET ADDRESS	5945 SW 85 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	President - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULKEY, BOB		2.2 NAME		
STREET ADDRESS	725 NORTH WOODLAND BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, CLEMENT		3.2 NAME		
STREET ADDRESS	6261 3RD AVENUE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG F		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AVERETT, IDA		4.2 NAME		
STREET ADDRESS	1758 CLARENDON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, CAROLYN		5.2 NAME		
STREET ADDRESS	817 LEXINGTON ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Vice President - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	margie walker	
STREET ADDRESS			6.3 STREET ADDRESS	2078 Hyde Park Rd #27	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville FL 32210	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Carolyn Anderson* 4-3-97 941-682-6802

CR2E037 (9/96)