

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48253 (1)

1. Corporation Name
FIRST BAPTIST CHURCH AT WESTON, INC.



Principal Place of Business
**1420 INDIAN TRACE
FT. LAUDERDALE FL 33326**

Mailing Address
**1420 INDIAN TRACE
FT. LAUDERDALE FL 33326**

3. Date Incorporated or Qualified
03/24/1992

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-0321898

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MCDONALD, STEPHEN J
315 SE 7TH STREET
SUITE 303
FT. LAUDERDALE FL 33301**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLWOOD, JACK	
STREET ADDRESS	1420 INDIAN TRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAULDING, SCOTT	
STREET ADDRESS	1420 INDIAN TRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LASSITER, DAVID	
STREET ADDRESS	1420 INDIAN TRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERMANN, RICK	
STREET ADDRESS	1420 INDIAN TRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	D John Jones
23 STREET ADDRESS	715 Stanton Drive
24 CITY-ST-ZIP	Ft. Lauderdale FL
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D Dwight Moody
33 STREET ADDRESS	519 Raguet Club Rd. # 49
34 CITY-ST-ZIP	Ft Lauderdale FL
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D Charles Wilkins
43 STREET ADDRESS	20351 NW 8th St.
44 CITY-ST-ZIP	Penbrooke Pines FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	400001840844
54 CITY-ST-ZIP	-05/28/96--01034--013
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	***61.25
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 **954-389-4555**
Date Daytime Phone #

CR2E037 (12/95)