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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48253

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/24/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0321898	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Senior Pastor (D)
NAME	MOODY, DWIGHT	1.2 NAME	David Bruce
STREET ADDRESS	519 RAQUET CLUB RD #49	1.3 STREET ADDRESS	4020 Sapphire Cove
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Weston FL 33331
TITLE	D	2.1 TITLE	Trustee (D)
NAME	MOSELY, BRUCE J	2.2 NAME	Carla Turner
STREET ADDRESS	36 GABLES BLVD	2.3 STREET ADDRESS	6231 SW 186 Way
CITY-ST-ZIP	FT LAUDERDALE FL 33326	2.4 CITY-ST-ZIP	FT Lauderdale, FL 33332
TITLE	D	3.1 TITLE	Financial Administration (D)
NAME	SHIFLETT, BILL	3.2 NAME	Donna H. Rosser
STREET ADDRESS	286 RACQUET CLUB DR., #105	3.3 STREET ADDRESS	11701 SW 11th Manor
CITY-ST-ZIP	FT LAUDERDALE FL 33326	3.4 CITY-ST-ZIP	Davie, FL 33325
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Donna H. Rosser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

954-389-4555

Date

Daytime Phone #

CR2E037 (11/98)