

**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 # N50631 (3)**

1. Corporation Name  
**FLORIDA BAPTIST CONVENTION, INC.**



Principal Place of Business Mailing Address  
**1230 HENDRICKS AVENUE JACKSONVILLE FL 32207**  
**1230 HENDRICKS AVE JACKSONVILLE FL 32207 US**

3. Date Incorporated or Qualified **08/28/1992** 3a. Date of Last Report **04/13/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number **59-0766980** 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  
**SULLIVAN, T G JOHN  
1230 HENDRICKS AVENUE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHERLAND, DAN	1.2 NAME	Southerland, Dan
STREET ADDRESS	12401 STIRLING RD	1.3 STREET ADDRESS	12401 Stirling Road
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUBURN, STEPHEN E	2.2 NAME	Garrard, Jerry
STREET ADDRESS	407 THIRD ST	2.3 STREET ADDRESS	3300 Shamrock Street E.
CITY-ST-ZIP	NEPTUNE BCH FL	2.4 CITY-ST-ZIP	Tallahassee, FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, T G JOHN	3.2 NAME	
STREET ADDRESS	1230 HENDRICKS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, GLEN E	4.2 NAME	
STREET ADDRESS	1230 HENDRICKS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGFORD, NANCY U	5.2 NAME	
STREET ADDRESS	512 S. BONITA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Stephens L Baumgardner, Jr 3-26-96 904-396-2351 (126)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Stephens L Baumgardner, Jr Date Daytime Phone #

CR2E037 (12/95)