

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50631 (3)
 1. Corporation Name
FLORIDA BAPTIST CONVENTION, INC.



Principal Place of Business 1230 HENDRICKS AVENUE JACKSONVILLE FL 32207	Mailing Address 1230 HENDRICKS AVE JACKSONVILLE FL 32207 US
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3. Date Incorporated or Qualified
06/28/1992

4. FEI Number 59-0766980	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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
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 T. G. John Sullivan **1-12-98**
Signature, typed or printed by the registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GARRAND, JERRY	
STREET ADDRESS 3300 SHAMROCK	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME PATTERSON, TIMOTHY	
STREET ADDRESS P.O. BOX 633 N/A	
CITY-ST-ZIP GLEN ST. MARY FL	
TITLE S	<input type="checkbox"/> DELETE
NAME SULLIVAN, T G JOHN	
STREET ADDRESS 1230 HENDRICKS AVE	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE S	<input type="checkbox"/> DELETE
NAME OWENS, GLEN E	
STREET ADDRESS 1230 HENDRICKS AVE	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME LANGFORD, NANCY U	
STREET ADDRESS 512 S. BONITA ST	
CITY-ST-ZIP PANAMA CITY FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Saint, Roy Lee	
1.3 STREET ADDRESS P. O. Box 307 N/A	
1.4 CITY-ST-ZIP Madison, FL 32341	
2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Patterson, Timothy	
2.3 STREET ADDRESS P.O. Box 633 N/A	
2.4 CITY-ST-ZIP Glen St. Mary, FL	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: T. G. John Sullivan **1-12-98** **904-396-2351**

CFR2037 (10/97)