

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 # N93000001268 (2)

1. Corporation Name

FIRST BAPTIST CHURCH OF BUNNELL, FLORIDA, INC.



Principal Place of Business: 301 E. MOODY BLVD. BUNNELL FL
Mailing Address: P.O. BOX 365 BUNNELL FL 32110-0365

3. Date Incorporated or Qualified: 03/19/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1883327 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
ALLEN, WILLIAM H JR
801 N. BACHER STREET
BUNNELL FL 32110

10. Name and Address of New Registered Agent
81 Name: O. C. Holyfield, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 4 Winchester Place
83
84 City: Palm Coast FL 85 Zip Code: 32164

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]* O. C. Holyfield, Jr. Chairman of Trustees April 19, 1996
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, WILLIAM H JR.	
STREET ADDRESS	801 N. BACHER ST.	
CITY-ST-ZIP	BUNNELL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAWRENCE, ROBERT	
STREET ADDRESS	2257 S. CENTRAL AVE.	
CITY-ST-ZIP	FLGLER BEACH FL 32136	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TOLSON, ANTRIA	
STREET ADDRESS	27 LLOYD TRAIL	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTSON, STANFORD	
STREET ADDRESS	137 WATER OAK ROAD	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KING, HERSCHEL C SR	
STREET ADDRESS	201 E. MAGNOLIA	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O. C. Holyfield, Jr.	
1.3 STREET ADDRESS	4 Winchester Place	
1.4 CITY-ST-ZIP	Palm Coast, Florida 32164	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lola B. Fields	
2.3 STREET ADDRESS	6 Christopher Court	
2.4 CITY-ST-ZIP	Palm Coast, Florida 32137	
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 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]* O. C. Holyfield, Jr. April 19, 1996 904 437-3364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E037 (12/95)