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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90127 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001841

1. Corporation Name

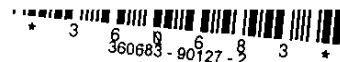
WARDS CREEK BAPTIST CHURCH, INC.

Principal Place of Business

7730 COUNTY RD 13 N
ST AUGUSTINE FL 32092

Mailing Address

7730 COUNTY RD 13 N
ST AUGUSTINE FL 32092



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/23/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1619084	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BOLES, JOSEPH L JR. 120 CHARLOTTE ST ST AUGUSTINE FL 32084				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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REWIS, LEON	1.2 NAME	VS
STREET ADDRESS	RT 3 BOX 1356X	1.3 STREET ADDRESS	B.J. Fuller
CITY-ST-ZIP	SATSUMA FL 32189	1.4 CITY-ST-ZIP	5646 SR 16 Lot C St. Aug. Fl. 32092
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, JOHN	2.2 NAME	SD / TD
STREET ADDRESS	510 20TH STREET N BEACH	2.3 STREET ADDRESS	Edna J. Lane
CITY-ST-ZIP	ST AUGUSTINE FL 32095	2.4 CITY-ST-ZIP	4997 CR 208. St. Aug. Fl. 32092
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIZZARD, LIBBY	3.2 NAME	
STREET ADDRESS	5154 FARM CREEK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIZZARD, BOB	4.2 NAME	
STREET ADDRESS	5154 FARM CREEK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

Edna J. Lane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99
Date

904-522-0128
Daytime Phone #

CR2E037 (1/98)