

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005253 (0)**

1. Corporation Name

AIRPORT BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**4930 DRAINFIELD RD.
LAKELAND FL 33811**

**621 E. LAKEHURST ST.
LAKELAND FL 33805-3029**



3. Date Incorporated or Qualified **11/22/1993** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3221337		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERRINGTON, PRESTON L
621 LAKEHURST ST.
LAKELAND FL 33805**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	HERRINGTON, PRESTON L	1.2 NAME	Harry M. Hensley
STREET ADDRESS	621 E. LAKEHURST ST.	1.3 STREET ADDRESS	1705 US Hwy 98 N
CITY-ST-ZIP	LAKELAND FL 33805	1.4 CITY-ST-ZIP	Lakeland FL 33809
TITLE	VD	2.1 TITLE	D
NAME	FELDMAN, RONALD	2.2 NAME	Jane Ramsey
STREET ADDRESS	3616 HOPEWELL AVE	2.3 STREET ADDRESS	P.O. Box 35
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Bradley FL 33635
TITLE	SD	3.1 TITLE	D
NAME	SHEARIN, VERA J	3.2 NAME	Chuck Meredith
STREET ADDRESS	1423 SOUTHERN AVE.	3.3 STREET ADDRESS	3340 N. Galloway Rd
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	Lakeland FL 33809
TITLE	TD	4.1 TITLE	
NAME	HERRINGTON, ANGELA J	4.2 NAME	
STREET ADDRESS	621 E. LAKEHURST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	HERRINGTON, ANGELA J	5.2 NAME	
STREET ADDRESS	621 E. LAKEHURST ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	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 do 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: Preston Hensley SIGNATURE REQUIRED

5/1/97 941-686-1779
Date Daytime Phone # 0052760

CR2E037 (9/96)