

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

FILED  
 Jul 28 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005812 (3)**  
 1. Corporation Name  
**FIRST BAPTIST CHURCH OF EUSTIS, INC.**

Principal Place of Business <b>719 E ORANGE AVE EUSTIS FL 32726</b>	Mailing Address <b>P.O. BOX 129 EUSTIS FL 32726</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3551 E Orange Ave</b>	2a. Mailing Address <b>26 Suite, Apt. #, etc.</b>
City & State <b>23 Eustis FL</b>	City & State <b>28</b>
Zip <b>24 32726</b>	Country <b>25 Lake</b>

3. Date Incorporated or Qualified <b>12/20/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent  
**BERLE, BAILEY V  
 645 OLENDER STREET  
 MT.DORA FL 32757**

10. Name and Address of New Registered Agent

81 Name <b>Roberts, Don</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9205 Silver Lake Dr</b>
83
84 City <b>Leesburg</b>
85 Zip Code <b>FL 34788</b>

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 **Don Roberts (President)** *Don D. Roberts* **7/22/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>BAILEY, BERLE N</b>	STREET ADDRESS <b>645 OLENDER ST</b>	CITY-ST-ZIP <b>MT.DORA FL 32757</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>SHAMROCK, KEITH</b>	STREET ADDRESS <b>37112 C.R. 452</b>	CITY-ST-ZIP <b>EUSTIS FL</b>	<input type="checkbox"/> DELETE
TITLE <b>VD</b>	NAME <b>HAYS, D. ALAN</b>	STREET ADDRESS <b>40228 BABB RD</b>	CITY-ST-ZIP <b>UMATILLA FL</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>VERKAIK, ROBERT L</b>	STREET ADDRESS <b>719 SUMMIT ST</b>	CITY-ST-ZIP <b>EUSTIS FL 32726</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>MOREFIELD, RON L.</b>	STREET ADDRESS <b>1942 COUNTRY CLUB RD</b>	CITY-ST-ZIP <b>EUSTIS FL</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>WALKER, GEORGE</b>	STREET ADDRESS <b>19201 SALTS DALE RD</b>	CITY-ST-ZIP <b>UMATILLA FL</b>	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	1.2 NAME <b>Roberts, Don</b>	1.3 STREET ADDRESS <b>9205 Silver Lake Dr</b>	1.4 CITY-ST-ZIP <b>Leesburg, FL 34788</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE <b>VD</b>	2.2 NAME <b>Sinquefield, H. B.</b>	2.3 STREET ADDRESS <b>120 Ridgecrest Dr</b>	2.4 CITY-ST-ZIP <b>Eustis, FL 32726</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE <b>D</b>	3.2 NAME <b>Bailey, Berle N</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>D</b>	4.2 NAME <b>Hays, D Alan</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E037 (4/97)