

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000478 (7)

1. Corporation Name

FIRST BAPTIST CHURCH OF WAKULLA STATION, FL. INC



Principal Place of Business

Mailing Address

HWY. 363
WAKULLA STATION FL

P.O. BOX 720
WOODVILLE FL 32362-0720

3. Date Incorporated or Qualified
02/01/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

SMITH, ALVIN
RT. 4, BOX 6781-45
CRAWFORDVILLE FL 32327

81 Name
McCarthy, Henry
82 Street Address (P.O. Box Number is Not Acceptable)
768 Woodville Highway
83
84 City
Crawfordville FL 85 Zip Code
32327

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: Henry McCarthy
Signature, typed or printed name of registered agent and file if applicable
Henry S. J. McCarthy 2-5-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	TRC	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, HENRY	
STREET ADDRESS	768 WOODVILLE HIGHWAY	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	SHAIFER, VIRGINIA	
STREET ADDRESS	776 WOODVILLE HIGHWAY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	RUSSELL, MABEL S	
STREET ADDRESS	208 OLD NAILS ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	TRC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Langston Curtis		
1.3 STREET ADDRESS	110 Sam Smith Circle		
1.4 CITY-ST-ZIP	Crawfordville, Fla. 32327		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: Mabel S. Russell
Signature, typed or printed name of signing officer or director
Mabel S. Russell 2-5-97
Date Daytime Phone #

CR2E037 (9/96)