

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90004 030 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000000478

Corporation Name

FIRST BAPTIST CHURCH OF WAKULLA STATION, FL. INC

Principal Place of Business

HWY. 363
 WAKULLA STATION FL

Mailing Address

P.O. BOX 720
 WOODVILLE FL 32362-0720

613892-90004-30



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	02/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27	NOT-APPLICABLE
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
	28	\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing <input type="checkbox"/>
25	29	Trust Fund Contribution <input type="checkbox"/>
	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MCCARTHY, HENERY
 768 WOODVILLE HIGHWAY
 CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

I, 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	TRC <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME	LANGSTON, CURTIS	1.2 NAME	
REET ADDRESS	110 SAM SMITH CIR	1.3 STREET ADDRESS	
Y-ST-ZIP	CRAWFORDVILLE FL	1.4 CITY-ST-ZIP	
LE	TR <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME	SHAIFER, VIRGINIA	2.2 NAME	
REET ADDRESS	776 WOODVILLE HIGHWAY	2.3 STREET ADDRESS	
Y-ST-ZIP	CRAWFORDVILLE FL	2.4 CITY-ST-ZIP	
LE	TR <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME	RUSSELL, MABEL S	3.2 NAME	
REET ADDRESS	206 OLD NAILS ROAD	3.3 STREET ADDRESS	
Y-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Henery McCarthy* 8/29/99 850/421-8181
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)