


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 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 # N94000002550 (1)			
1. Corporation Name FIRST BAPTIST CHURCH OF MEXICO BEACH, FLORIDA, INC.			
Principal Place of Business 823N 15TH ST MEXICO BEACH FL		Mailing Address HCR 03 BOX 3D PORT ST. JOE FL 32456-9601	
2. Principal Place of Business 21		2a. Mailing Address 26 P. O. BOX 13691	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28 MEXICO BEACH, FL	
Zip 24		Zip 25 32410	
Country 25		Country 30 BAY	
9. Name and Address of Current Registered Agent ORIS BENNETT 207 4TH ST. MEXICO BEACH FL 32410		10. Name and Address of New Registered Agent 81 Name ROBERT RITCH, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 139 PALM ST. 83 84 City MEXICO BEACH, FL 85 Zip Code 32410	
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 <i>Robert Ritch, Jr.</i> Signature, typed or printed name of registered agent and title if applicable		Robert Ritch, Jr., Chairman of Deacons DATE 4/19/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BENNETT, ORIS RT 3 BOX 152A PT ST JOE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	CD RITCH, ROBERT, JR. 139 PALM ST. MEXICO BEACH, FL 32410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARMON, SAMUEL RT 3 BOX 157A PT ST JOE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VC LYNN, LOUIS 204 LOUISIANA DR. MEXICO BEACH, FL 32410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIMMELL, LLOYD HC 3 BOX 143B PORT ST. JOE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D SASSER, LESLIE 600 HWY. 98 MEXICO BEACH, FL 32410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAYMOND HARDY RT. 3 BOX 9 PORT ST. JOE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D HARDY, RAYMOND 3461 CO. RD. 386 PORT ST. JOE, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CECIL (BUD) JONES P.O. BOX 13301 N/A MEXICO BEACH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D JONES, CECIL (BUD) 316 WYSONG AVE. MEXICO BEACH, FL 32410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JIM MANNON 6286 HWY 98 PORT ST. JOE FL <input checked="" type="checkbox"/> DELETE	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.			
SIGNATURE: <i>Robert Ritch, Jr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Robert Ritch, Jr. Chairman of Deacons DATE 4/19/97 Daytime Phone 0010272	



CR2E037 (9/96)