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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004210 (0)**

1. Corporation Name

FAITH BAPTIST CHURCH OF MADISON, FL INC.



Principal Place of Business	Mailing Address
1505 E BASE ST MADISON FL 32340	1505 E BASE ST MADISON FL 32340

3. Date Incorporated or Qualified

08/23/1994

4. FEI Number

59-2282191

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MABRY, BEN
405 SE RUTLEDGE ST.
MADISON FL 32340**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	YT	<input checked="" type="checkbox"/> DELETE
NAME	DRIGGERS, CLEVELAND	
STREET ADDRESS	1505 E BASE ST	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HORNE, REBECCA	
STREET ADDRESS	1505 E BASE ST	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MABRY, CINDY	
STREET ADDRESS	1505 E BASE ST	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	T	<input type="checkbox"/> DELETE
NAME	HART, JOE	
STREET ADDRESS	1505 E BASE ST	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	T	<input type="checkbox"/> DELETE
NAME	NEWBERN, ENOCH	
STREET ADDRESS	1505 E BASE ST	
CITY-ST-ZIP	MADISON FL 32340	

TITLE	T	<input type="checkbox"/> DELETE
NAME	204	
STREET ADDRESS	204	
CITY-ST-ZIP	204	

1.1 TITLE	T
1.2 NAME	Paul A. Tolar
1.3 STREET ADDRESS	Rt. 4 Box 1940
1.4 CITY-ST-ZIP	Madison, FL 32340

2.1 TITLE	T
2.2 NAME	Leroy Buchannan
2.3 STREET ADDRESS	1505 E. Base St.
2.4 CITY-ST-ZIP	Madison, FL 32340

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE

[Signature]

5-21-98

CR2E037 (10/97)