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Apr 15 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 # N94000004372 (8)

1. Corporation Name
FIRST BAPTIST CHURCH, INC.



Principal Place of Business: 9912 INDIANA ST. GIBSONTON FL 33534
Mailing Address: P.O. BOX 65 GIBSONTON FL 33534-0065

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2703926
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMENTS, MALCOLM S
10017 KENDA DRIVE
RIVERVIEW FL 33569

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 _____ (NON-Registered Agent's signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLEMENTS, MALCOLM S	
STREET ADDRESS	10017 KENDA DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SWEAT, JOHN H	
STREET ADDRESS	P.O. BOX 772 N/A	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CROWDER, JOHN H	
STREET ADDRESS	5205 E. FOWLER AVE., # 316	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLEMENTS, FREDRICK	
STREET ADDRESS	P.O. BOX 111 N/A	
CITY-ST-ZIP	GIBSONTON FL 33534	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	206 Andover Place D-95
3.4 CITY-ST-ZIP	SUN City Center FL 33570
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)