

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000005164 (8)

1. Corporation Name
FIRST BAPTIST CHURCH OF AVON PARK, FLORIDA INC.



Principal Place of Business: 100 N LAKE AVE AVON PARK FL 33825
Mailing Address: 100 N LAKE AVE AVON PARK FL 33825

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

4. FEI Number: 59-0862867
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

WORDEN, HAROLD C
100 N LAKE AVE
AVON PARK FL 33825

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

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

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------|--------------------------------------------|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | WRIGHT, JOHN W | |
| STREET ADDRESS | 1081 E CORNELL ST | |
| CITY-ST-ZIP | AVON PARK FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | LEMLER, DEWAYNE | |
| STREET ADDRESS | 403 N DELANEY AVE | |
| CITY-ST-ZIP | AVON PARK FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | DONALDSON, DEVON | |
| STREET ADDRESS | 1405 MISTY LAKE TERR | |
| CITY-ST-ZIP | AVON PARK FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | WORDEN, HAROLD C | |
| STREET ADDRESS | 24 E KENDALL BLVD | |
| CITY-ST-ZIP | AVON PARK FL | |
| 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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | David Langford | |
| 1.3 STREET ADDRESS | 3060 N Cambridge Rd | |
| 1.4 CITY-ST-ZIP | Avon Park, FL | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Fred Guemdt | |
| 2.3 STREET ADDRESS | 2707 Lk Damon Rd | |
| 2.4 CITY-ST-ZIP | Avon Park, FL | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Curtis Nelson | |
| 3.3 STREET ADDRESS | 14 W Wolf St | |
| 3.4 CITY-ST-ZIP | Avon Park, FL | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

Harold C. Worden

Harold C. Worden

3-26-96

941-453-6681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)