


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 17 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005164 (8)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF AVON PARK, FLORIDA INC.**



Principal Place of Business <b>100 N LAKE AVE AVON PARK FL 33825</b>	Mailing Address <b>100 N LAKE AVE AVON PARK FL 33825</b>
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3. Date Incorporated or Qualified <b>10/17/1994</b>	
4. FEI Number <b>59-0862867</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	LANGFORD, DAVID	
STREET ADDRESS	3060 N CAMBRIDGE RD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WORDEN, HAROLD C.	
STREET ADDRESS	24 E. KENDALL BLVD.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, CURTIS	
STREET ADDRESS	14 W WOLF ST	
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	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Severn, Randy	
1.3 STREET ADDRESS	334 S. Marlon Rd.	
1.4 CITY-ST-ZIP	Avon Park, FL 33825	
2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wicker, Gerald	
2.3 STREET ADDRESS	301 N. Verona Ave.	
2.4 CITY-ST-ZIP	Avon Park, FL 33825	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Loveless, Al	
3.3 STREET ADDRESS	804 E. Bell St.	
3.4 CITY-ST-ZIP	Avon Park, FL 33825	
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 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: Harold C. Worden Harold C. Worden FEB 11, 1998 941-453-6681

CR2E037 (10/97)