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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000005164

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

124083 90008 95

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/17/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0862867	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country			
25		30			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input type="checkbox"/> DELETE	1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SEVERN, RANDY		1.2 NAME	Young, John			
STREET ADDRESS	334 S MARION RD		1.3 STREET ADDRESS	1601 Sunset Drive			
CITY-ST-ZIP	AVON PARK FL 33825		1.4 CITY-ST-ZIP	Sebring, FL 33870-1504			
TITLE	VCD	<input type="checkbox"/> DELETE	2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WICKER, GERALD		2.2 NAME	Collins, Jack			
STREET ADDRESS	301 N VERONA AVE		2.3 STREET ADDRESS	1309 N. Lake Isis Drv.			
CITY-ST-ZIP	AVON PARK FL 33825		2.4 CITY-ST-ZIP	Avon Park, FL 33825-2325			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LOVELESS, AL		3.2 NAME	Donaldson, Devon			
STREET ADDRESS	804 E BELL ST		3.3 STREET ADDRESS	1405 Misty Lake Terrace			
CITY-ST-ZIP	AVON PARK FL 33825		3.4 CITY-ST-ZIP	Avon Park, FL 33825-2465			
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WORDEN, HAROLD C		4.2 NAME				
STREET ADDRESS	24 E KENDALL BLVD		4.3 STREET ADDRESS				
CITY-ST-ZIP	AVON PARK FL		4.4 CITY-ST-ZIP	Avon Park, FL 33825			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Harold C Worden Jan. 26, 1999 941-453-6681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)