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Feb 06 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 # N95000004166 (3)

1. Corporation Name

FIRST BAPTIST CHURCH OF LAKE MARY, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 950914
LAKE MARY FL 32795-0914

POST OFFICE BOX 950914
LAKE MARY FL 32795-0914



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1995		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3281833		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

QUENTIN, DONALD
409 COUNTRY WOOD CIRCLE
LAKE MARY FL 32746-0914

10. Name and Address of New Registered Agent

81	Name	Robert Neville	
82	Street Address (P.O. Box Number is Not Acceptable)	106 Satsuma Dr	
83			
84	City	Sanford	FL
85	Zip Code	32771	

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: Robert Neville Treasurer Robert Neville Treasurer 1/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD SPEICHER	1.2 NAME	Jack Bering
STREET ADDRESS	572 PROVIDENCE	1.3 STREET ADDRESS	4270 Irongate Ct.
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	Sanford, FL, 32773
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPKE, LEONARD	2.2 NAME	
STREET ADDRESS	6094 FEATHER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKLEY, JAMES	3.2 NAME	
STREET ADDRESS	319 SO. ELLIOT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVILLE, ROBERT	4.2 NAME	
STREET ADDRESS	106 SATSUMA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL TERWILLEGGER	5.2 NAME	
STREET ADDRESS	309 W 15TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED FUTRELL	6.2 NAME	
STREET ADDRESS	357 OAKLEAF CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	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 or changed, or on an attachment with an address.

SIGNATURE: Robert Neville Treasurer Robert Neville Treasurer 1/25/97 (407)333-2665
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0015626

CR2E037 (9/96)