

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000005537 (4)

1. Corporation Name

FIRST BAPTIST CHURCH OF ALTURAS, INC.



Principal Place of Business Mailing Address
 7690 POINSETTIA AVENUE P.O. BOX 38
 ALTURAS FL 33820 ALTURAS FL 33820

3. Date Incorporated or Qualified 11/20/1995
 3a. Date of Last Report
 4. FEI Number 59-3389858 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. 199.03? Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 7690 Poinsettia Av 26 P. O. Box 38
 Suite, Apt #, etc. Suite, Apt #, etc.
 22 City & State 27 City & State
 23 Alturas, FL 28 Alturas, FL
 Zip Country Zip Country
 24 33820 25 33820 29 33820 30

9. Name and Address of Current Registered Agent
 NIGHTINGALE, TERESA A
 545 AVENUE K, S.E.
 WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent
 81 Name EVELYN HIELSCHER
 82 Street Address (P.O. Box Number is Not Acceptable) 3rd St. and Oak Drive
 83
 84 City Alturas FL 85 Zip Code 33820

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 Evelyn Hielscher Evelyn Hielscher DATE 8-5-96
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NIGHTINGALE, J. BURTON JR	
STREET ADDRESS	295 HERNANDO ROAD, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOWELL, ELON	
STREET ADDRESS	1010 STAR LAKE ROAD	
CITY-ST-ZIP	ALTURAS FL 33820	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MANGUS, JUDY	
STREET ADDRESS	610 AVENUE A, EAST	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HENDRIX, CHRIS	
STREET ADDRESS	315 E. CENTRAL AVENUE	
CITY-ST-ZIP	ALTURAS FL 33820	
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	P/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELON SOWELL	
1.3 STREET ADDRESS	1010 STAR LAKE RD	
1.4 CITY-ST-ZIP	ALTURAS, FL 33820	
2.1 TITLE	VP/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARL HIELSCHER	
2.3 STREET ADDRESS	2555 OAK DRIVE	
2.4 CITY-ST-ZIP	ALTURAS, FL 33820	
3.1 TITLE	S/T/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TED SCHOBL	
3.3 STREET ADDRESS	8395 ALTURAS ROAD S	
3.4 CITY-ST-ZIP	ALTURAS, FL 33820	
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 on an attachment with an address.
 SIGNATURE: ELON SOWELL E-LON SOWELL 8/5/96 (407)855-2121
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)