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Mar 19 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 # N96000003550 (8)

1. Corporation Name

FIRST BAPTIST CHURCH OF CROSS CITY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 897
CROSS CITY FL 32628

P.O. BOX 897
CROSS CITY FL 32628-0897

3. Date Incorporated or Qualified
07/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 4519 N/PINEWOOD DR
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent
HOLIFIELD, E G
MARVIN MARTIN RD
CROSS CITY FL 32628

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 D [] DELETE
NAME DR FRITZ M FOUNTAIN
STREET ADDRESS CO. RD. 351A
CITY-ST-ZIP CROSS CITY FL 32628

TITLE [] DELETE
NAME MR Lloyd JONES
STREET ADDRESS 301 COTTER ST
CITY-ST-ZIP CROSS CITY FL 32628

TITLE T [] DELETE
NAME MR JOHN VALENTINE
STREET ADDRESS 1539 NW 48th PLACE
CITY-ST-ZIP CROSS CITY FL 32628

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D [] Change [x] Addition
1.2 NAME DR FRITZ M FOUNTAIN
1.3 STREET ADDRESS PO BOX 476 N/A
1.4 CITY-ST-ZIP CROSS CITY FL 32628-0476

2.1 TITLE D [] Change [x] Addition
2.2 NAME MR LLOYD JONES
2.3 STREET ADDRESS PO BOX 84 N/A
2.4 CITY-ST-ZIP CROSS CITY FL 32628-0034

3.1 TITLE T [] Change [x] Addition
3.2 NAME MR JOHN VALENTINE
3.3 STREET ADDRESS PO BOX 414 N/A
3.4 CITY-ST-ZIP CROSS CITY FL 32628-0414

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Bank Dep. \$61.25

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. 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.

CR2E037 (9/96)

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