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Jul 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000003638 (1)  
1. Corporation Name  
FIRST BAPTIST CHURCH OF ARCHER, FLORIDA, INC.



Principal Place of Business Mailing Address  
CORNER OF CHURCH AND OAK STREETS P.O. BOX 248 ARCHER FL 32618  
CORNER OF CHURCH AND OAK STREETS P.O. BOX 248 ARCHER FL 32618-0248

3. Date Incorporated or Qualified 07/09/1996 3a. Date of Last Report  
4. FEI Number ~~59-200184~~ 59-2001884 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. 199.032, Florida Statutes  Yes  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 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
ASBELL, LAMAR SR.  
18908 S.W. 186TH STREET  
ARCHER FL 32618

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 *Lamar Asbell* DATE 4/29/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<i>T. Lamar D. Asbell Jr.</i>	<input type="checkbox"/>
NAME	<i>P.O. Box 212</i>	<input type="checkbox"/>
STREET ADDRESS	<i>Archer Fl 32618</i>	<input type="checkbox"/>
CITY-ST-ZIP	<i>N/A</i>	<input type="checkbox"/>
TITLE	<i>Frances Helpling</i>	<input type="checkbox"/>
NAME	<i>14208 SW Archer Rd</i>	<input type="checkbox"/>
STREET ADDRESS	<i>Archer, FL 32618</i>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE	<i>T. Joseph Brockman</i>	<input type="checkbox"/>
NAME	<i>11808 SW 156 St</i>	<input type="checkbox"/>
STREET ADDRESS	<i>Archer FL 32618</i>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE	<i>T. IRA J. Hodges, Jr.</i>	<input type="checkbox"/>
NAME	<i>1100 N UNIV. AVE.</i>	<input type="checkbox"/>
STREET ADDRESS	<i>ARCHER, FL 32618</i>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE	<i>Polly A. Smith</i>	<input type="checkbox"/>
NAME	<i>14509 SW 118th Ave</i>	<input type="checkbox"/>
STREET ADDRESS	<i>Archer, FL 32618</i>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

CP2E037 (9/96)

PC 7.10