


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90031 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000002900		
1. Corporation Name FIRST BAPTIST CHURCH OF APALACHICOLA, FLORIDA, I NC., A NONPROFIT FLORIDA CORPORATION		
Principal Place of Business 46 9TH STREET APALACHICOLA FL 32320	Mailing Address P.O. BOX 159 APALACHICOLA FL 32320	



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/19/1997
22	City & State	27	City & State	4	4. FEI Number
	Zip	28	Zip		59-2182368
23	Country	29	Country		Applied For
		30			Not Applicable
24	25	29	30	5	5. Certificate of Status Desired
					<input type="checkbox"/> \$8.75 Additional Fee Required
				6	6. Election Campaign Financing Trust Fund Contribution
					<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent THOMPSON, FAYE 1001 BLUFF RD. APALACHICOLA FL 32320				10. Name and Address of New Registered Agent				
				81	Name		RICHARD B. WHITE	
				82	Street Address (P.O. Box Number is Not Acceptable)		103 21ST AVE	
				83				
				84	City	APALACHICOLA	FL	85 Zip Code 32320

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: *Richard B. White* DATE: 1-14-99

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PDT PRESIDENT + TREASURER	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THOMPSON, FAYE RICHARD B. WHITE			1.2 NAME	RICHARD B. WHITE		
STREET ADDRESS	103 21ST AVENUE			1.3 STREET ADDRESS	103 21ST AVE		
CITY-ST-ZIP	APALACHICOLA FL 32320			1.4 CITY-ST-ZIP	APALACHICOLA, FL 32320		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEDLEY, OSCAR			2.2 NAME			
STREET ADDRESS	115 AVENUE B			2.3 STREET ADDRESS			
CITY-ST-ZIP	APALACHICOLA FL 32320			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, MARJORIE C CLERK			3.2 NAME			
STREET ADDRESS	103 21ST AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	APALACHICOLA FL 32320			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMPSON, FAYE DEACON			4.2 NAME			
STREET ADDRESS	1001 BLUFF RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	APALACHICOLA FL 32320			4.4 CITY-ST-ZIP			
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: *Richard B. White* DATE: 1-14-99 DAYTIME PHONE #: (850) 653-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)