


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006564 (5)
1. Corporation Name
FIRST BAPTIST CHURCH OF FREEPORT, FLORIDA, INC.

Principal Place of Business 430 KYLEA LAIRD DRIVE FREEPORT FL 32439	Mailing Address 430 KYLEA LAIRD DRIVE FREEPORT FL 32439
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3. Date Incorporated or Qualified
11/19/1997

4. FEI Number
59-1738911

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FARRINGTON, GEORGE
430 KYLEA LAIRD DRIVE
FREEPORT FL 32439**

10. Name and Address of New Registered Agent

81 Name	<i>George Farrington</i>
82 Street Address (P.O. Box Number is Not Acceptable)	<i>3030 Hwy 20 East</i>
83	
84 City	<i>Freeport</i>
85 Zip Code	<i>FL 32439</i>

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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRINGTON, GEORGE	1.2 NAME	
STREET ADDRESS	3030 HWY. 20 EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENTZ, AUBREY	2.2 NAME	
STREET ADDRESS	1164 BAY GROVE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, WILLIAM E	3.2 NAME	
STREET ADDRESS	115 WESTERN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, MORRIS C	4.2 NAME	
STREET ADDRESS	424 WHITFIELD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439	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.

SIGNATURE: _____ **SIGNATURE REQUIRED** *1/21/98* *835-4212*

CR2E037 (10/97)