

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUN 17 PM 2:42

DOCUMENT # P96000049398
Corporation Name
FLORIDA BAPTIST AUXILIARY ENTERPRISES, INC.

Principal Place of Business: 1320 Hendricks Ave. Jacksonville, FL 32207
Mailing Address: 1320 Hendricks Ave. Jacksonville, FL 32207

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/04/1991	06/19/1995
22. State, Apt. #, etc.		27. State, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		59-0696288	
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		<input type="checkbox"/>	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 193.03, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Borders, George R. 1320 Hendricks Ave. Jacksonville, FL 32207				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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent's and/or Manufacturer) _____ (Name of Registered Agent's and/or Manufacturer) _____ (Name of Registered Agent's and/or Manufacturer)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
NAME	Lopez, Miguel A., Sr.			1.2 NAME	Hershel Creasman		
STREET ADDRESS	1450 Madruga Ave. Suite 210			1.3 STREET ADDRESS	11131 N.W. 24th Street		
CITY, ST, ZIP	Coral Gables, FL 33146			1.4 CITY, ST, ZIP	Coral Springs, FL 33065		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
NAME	Brantley, Suzanne			2.2 NAME	Joseph D. Howell		
STREET ADDRESS	1125 Savannah Trace			2.3 STREET ADDRESS	7654 Hilsdale Harbor Court		
CITY, ST, ZIP	Tallahassee, FL 32312			2.4 CITY, ST, ZIP	Jacksonville, FL 32216		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE			900001864329
NAME	Borders, George R.			3.2 NAME			-06/18/96--01002--023
STREET ADDRESS	3162 Old Port Circle E.			3.3 STREET ADDRESS			*****50.00 *****50.00
CITY, ST, ZIP	Jacksonville, FL 32216			3.4 CITY, ST, ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	Jones, Cecil S.			4.2 NAME			900001864329
STREET ADDRESS	1808 Pine Street			4.3 STREET ADDRESS			-06/18/96--01002--024
CITY, ST, ZIP	Melbourne Beach, FL			4.4 CITY, ST, ZIP			*****150.00 *****150.00
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	Hagood, C. Scott			5.2 NAME			
STREET ADDRESS	4020 SE 38th Street			5.3 STREET ADDRESS			
CITY, ST, ZIP	Ocala, FL			5.4 CITY, ST, ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	Knepper, Randolph L.			6.2 NAME			
STREET ADDRESS	4545 Bohemia Place			6.3 STREET ADDRESS			
CITY, ST, ZIP	Pensacola, FL			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 exempt on 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph D. Howell Joseph D. Howell 6/14/96 (904) 346-0325
VP, Corp. Sec'y

CR2E034 (12/95)