

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 06 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745693 (2)**

1. Corporation Name  
**WELAKA BAPTIST CHURCH, INC.**

Principal Place of Business <b>670 3RD AVENUE WELAKA FL 32193</b>	Mailing Address <b>PO BOX 100 WELAKA FL 32193</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>01/24/1979</b>	3a. Date of Last Report <b>08/07/1996</b>
4. FEI Number <b>05-0020900</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEONARO, RON  
670 3RD AVENUE  
PO BOX 90  
WELAKA FL 32193**

10. Name and Address of New Registered Agent

81 Name <b>CONKEY, WILLIAM E.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>670 3RD AVENUE</b>
83 <b>P.O. BOX 100</b>
84 City <b>WELAKA</b>
85 Zip Code <b>FL 32193</b>

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 William E. Conkey (NOTE: Registered Agent signature required when reinstating) DATE 7-30-97

12. OFFICERS AND DIRECTORS

TITLE <b>P/D</b>	NAME <b>LEONARO, RON PASTER</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>670 3RD AVENUE</b>	CITY-ST-ZIP <b>WELAKA FL 32193</b>	
TITLE <b>T/D</b>	NAME <b>GORDON, BRYAN</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>207 RIDGE STREET</b>	CITY-ST-ZIP <b>POMONA PARK FL 32181</b>	
TITLE <b>S/D</b>	NAME <b>ELLIOTT, BETH</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>105 SANTA ROSA CT.</b>	CITY-ST-ZIP <b>SATSUMA FL 32189</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>CONKEY, WILLIAM E.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>670 3RD AVENUE</b>	
1.3 STREET ADDRESS <b>WELAKA FL 32193</b>	<b>P/D</b>
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>SNOW, DARLEEN</b>	
2.2 NAME <b>106 FINNIGAN ROAD</b>	
2.3 STREET ADDRESS <b>SATSUMA FL 32189</b>	<b>T/D</b>
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>ELLIOTT, BETH</b>	
3.2 NAME <b>105 SANTA ROSA CT.</b>	
3.3 STREET ADDRESS <b>SATSUMA FL 32189</b>	<b>S/D</b>
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

*Signature Required 7-30-97*

CR2E037 (4/97)