


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 762311 (9)**

1. Corporation Name  
**FIRST BAPTIST CHURCH OF TRENTON, INC.**



Principal Place of Business <b>HWY. 26 AT N.E. 2ND ST. P. O. BOX 293 TRENTON FL 32693</b>	Mailing Address <b>HWY. 26 AT N.E. 2ND ST. P. O. BOX 293 TRENTON FL 32693</b>
--	--

3. Date Incorporated or Qualified <b>03/08/1982</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1437448</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

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

9. Name and Address of Current Registered Agent

**BUSH, WILBUR C.  
402 S.W. 5TH AVE.  
TRENTON FL 32693**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORD, E.J.</b>	1.2 NAME	
STREET ADDRESS	<b>NE 5TH AVE AT 2ND ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, HAMPTON</b>	2.2 NAME	
STREET ADDRESS	<b>CTY RD 232 HART SPRINGS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADLEY, CLIFTON</b>	3.2 NAME	
STREET ADDRESS	<b>HWY 26 WEST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, LOIS</b>	4.2 NAME	
STREET ADDRESS	<b>SO OF HWY 26</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, WILBUR C.</b>	5.2 NAME	
STREET ADDRESS	<b>402 S.W. 5TH AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	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	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORD, E.J.</b>	1.2 NAME	
STREET ADDRESS	<b>NE 5TH AVE AT 2ND ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, HAMPTON</b>	2.2 NAME	
STREET ADDRESS	<b>CTY RD 232 HART SPRINGS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADLEY, CLIFTON</b>	3.2 NAME	
STREET ADDRESS	<b>HWY 26 WEST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, LOIS</b>	4.2 NAME	
STREET ADDRESS	<b>SO OF HWY 26</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, WILBUR C.</b>	5.2 NAME	
STREET ADDRESS	<b>402 S.W. 5TH AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	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: *Wilbur C. Bush* 1 27 98 (25) 113 2039

CF2E037 (10/97)