

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716933 (7)

1. Corporation Name
RAINBOW LAKES BAPTIST CHURCH, INC



Principal Place of Business 19756 SW BEACH BLVD. DUNNELLON FL 34431	Mailing Address C/O REV. DON MCMELLON 21208 S.W. HONEYSUCKLE ST. DUNNELLON FL 34431-3403
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3. Date Incorporated or Qualified 07/29/1969	3a. Date of Last Report 04/19/1996
4. FEI Number 59-1707169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

**REV. JAMES W. HILBURN
21208 SW HONEYSUCKLE ST.
DUNNELLON FL 34431**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City
FL 65 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 REV. JAMES W. HILBURN Rev. James W. Hilburn March 17, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	MDS	<input type="checkbox"/> DELETE
NAME	REV. JAMES W. HILBURN	
STREET ADDRESS	21208 SW HONEYSUCKLE ST.	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	USRY, TESSIE L	
STREET ADDRESS	20090 WOOD DUCK DR.	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRIND, LOUIS A	
STREET ADDRESS	21184 SW HONEYSUCKLE ST.	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MDS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rev James W. Hilburn	
1.3 STREET ADDRESS	21208 S.W. Honeysuckle St.	
1.4 CITY-ST-ZIP	Dunnellon, Fl. 34431	
2.1 TITLE	TD Bill Morgan	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	17801 34th Street	
2.3 STREET ADDRESS	Dunellon, Fl. 34431	
2.4 CITY-ST-ZIP		
3.1 TITLE	PD Gordon Landrick	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	19868 SW 5th PL	
3.3 STREET ADDRESS	Dunnellon Fl. 34431	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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.

Helena K. Simmons 352-465-0096

CR2E037 (9/96)