

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 758987 (2)

1. Corporation Name

FAIR HAVEN BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

33530 CR 44-B
EUSTIS FL 32726-9701

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EUSTIS FL 32726-9701

3. Date Incorporated or Qualified

06/30/1981

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHASTAIN, JAMES E.
1801 WASHINGTON AVE.
EUSTIS FL 32726

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 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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHASTAIN, JAMES E.	
STREET ADDRESS	1801 WASHINGTON AVE.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLS, DICK	
STREET ADDRESS	1140 HOLLY DR.	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FLOYD, RUBY C.	
STREET ADDRESS	11100 SYCAMORE LN. #37	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	GATCH, WILLARD	
STREET ADDRESS	2871 N. EUDORA RD.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	FLOYD, JAMES L	
STREET ADDRESS	21 KRISTIN LANE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	Deacon	<input type="checkbox"/> DELETE
NAME	Larry Hough	
STREET ADDRESS	42314 Hawkins Rd.	
CITY-ST-ZIP	Alhambra, FL 32702	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Deacon
23 STREET ADDRESS	Curtis Jackson
24 CITY-ST-ZIP	3221 Northwind Dr. Eustis, FL 32726
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Chastain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/96

Date

904-589-1949

Daytime Phone #

CR2E037 (12/95)