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Jun 19 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 # 758987 (2)
1. Corporation Name
FAIR HAVEN BAPTIST CHURCH, INC.



Principal Place of Business 33530 CR 44-B EUSTIS FL 32726-9701	Mailing Address 33530 CR 44-B EUSTIS FL 32736-7241
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1981	3a. Date of Last Report 02/29/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2352626	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30
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			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name: Watkins Michael W.
82 Street Address (P.O. Box Number is Not Acceptable): 33321 Wesley Rd.
83
84 City: Eustis FL 85 Zip Code: 32726**

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: Michael W. Watkins DATE: 5-20-97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHASTAIN, JAMES E.	
STREET ADDRESS	1801 WASHINGTON AVE.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, CURTIS	
STREET ADDRESS	3221 NORTHWIND DR	
CITY-ST-ZIP	EUSTIS FL	
TITLE	ST	<input checked="" 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	D	<input type="checkbox"/> DELETE
NAME	HOUGH, LARRY	
STREET ADDRESS	42314 HAWKINS RD	
CITY-ST-ZIP	ALTOONA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WATKINS MICHAEL W.	
1.3 STREET ADDRESS	33321 Wesley Rd.	
1.4 CITY-ST-ZIP	EUSTIS FL 32726	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	ST.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dwyer Margaret	
3.3 STREET ADDRESS	11905 Linda Ave.	
3.4 CITY-ST-ZIP	TAVARES FL 32778	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ORLANDO J. ANDREWS	
5.3 STREET ADDRESS	1260 MORNINGSIDES ST	
5.4 CITY-ST-ZIP	MOUNT DORA FL 32757	
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.

CR2E037 (9/96)