

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 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 # N07980 (8)**  
1. Corporation Name  
**O'BRIEN BAPTIST CHURCH, INC.**



Principal Place of Business <b>21890 FLETCHER RD RT 2 BOX 3030 O'BRIEN FL 32071 US</b>		Mailing Address <b>C/O T. J. FLETCHER RT 2 BOX 3030 O'BRIEN FL 32071-9645 US</b>		3. Date Incorporated or Qualified <b>03/06/1985</b>	3a. Date of Last Report <b>04/02/1996</b>
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2356452</b>	Applied For Not Applicable		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Country	25. Country				

9. Name and Address of Current Registered Agent <b>FLETCHER, T.J. JR. RT 2 BOX 3030 O'BRIEN FL 32071</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLETCHER, T.J. JR.</b>	1.2 NAME	
STREET ADDRESS	<b>21890 FLETCHER RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>O'BRIEN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLTZCLAW, J.M.</b>	2.2 NAME	
STREET ADDRESS	<b>21809 93RD DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>O'BRIEN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOND, RAYMOND, JR.</b>	3.2 NAME	
STREET ADDRESS	<b>15543 164TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCALPIN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKNER, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 204 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>O'BRIEN FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, EDWARD</b>	5.2 NAME	
STREET ADDRESS	<b>POST OFFICE BOX 184 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>O'BRIEN 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	

**600002119586**  
**-03/20/97-01017-031**  
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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. 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 of this filing.

SIGNATURE *T. J. Fletcher, Jr.* 3/12/97 (904)935-1503

CR2E037 (9/96)