## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 17, 2004 8:00 am

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DOCUMENT # 700627  1. Entity Name FIRST BAPTIST CHURCH OF WEST HOLLYWOOD					Secretary of State 02-17-2004 90005 030 ****70.00			
Principal Place of Business 1708 N 60TH AVE HOLLYWOOD, FL 33021  Mailing Address 1708 N 60TH AVE HOLLYWOOD, FL 33021  HOLLYWOOD, FL 33021								
Principal Place of Business     3. M		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037	(10/03)	
City & State		City & State	City & State		4. FEI Number Applied For 59-0900990 Not Applicable			
Zìp	Country	Zip	Country	5. Certificate of	Status Desired		8.75 Add se Required	
	6 Name and Address of Current	Registered Agent		7. Namo and Ac	idress of New F	Registered Ag	ent	
MCCORD,	, CHARLES E			Name				
1708 N 60 HOLLYWO	AVENUE DOD, FL 33021		Street Address (		(P.O. Box Number is Not Acceptable)			
			City				Zip Code	-
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8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office or	registered agent, or both,	in the State of Fl	lorida. I am fai	miliar with,	and accept
SIGNATURE .								
OIGHV (TOTIL	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)		DATE		<del></del> [
Old Williams		t and title if applicable. (NOTE:				Vlake check ;		
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Flo	Make check prida Departn	nent of St	ate
10.	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2004 OFFICERS AND D	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be	Flo	Make check ; rida Departn ERS AND DIRE	CTORS IN	ate
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Margaret Ryan

2/12/04/954-327-4327

Margaret Byan Trea SIGNATURE AND THE OF BRING OFFICER OR DIRECTOR SIGNATURE: