

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 701708

1. Entity Name
THE FIRST BAPTIST CHURCH OF BUSHNELL INC.



Principal Place of Business
**125 W ANDERSON AVE
BUSHNELL, FL 33513**

Mailing Address
**125 W ANDERSON AVE
BUSHNELL, FL 33513**



03112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1089791

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TODD, CAROLYN
7979 CR 747
BUSHNELL, FL 33513**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000108278
04/09/04-80049-005 70.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TODD, MARVIS C
STREET ADDRESS	7979 CR 747
CITY - ST - ZIP	BUSHNELL, FL 33513
TITLE	SD
NAME	DEMAREST, CHARITY
STREET ADDRESS	2984 CR 617
CITY - ST - ZIP	BUSHNELL, FL
TITLE	D
NAME	HARRISON, JULIAN
STREET ADDRESS	324 WEST DADE AVE
CITY - ST - ZIP	BUSHNELL, FL 00000,
TITLE	D
NAME	HAWKINS, RONNIE
STREET ADDRESS	P. O. BOX 441 N/A
CITY - ST - ZIP	BUSHNELL, FL
TITLE	D
NAME	CRAWFORD, M. LYNN
STREET ADDRESS	7131 CR 619
CITY - ST - ZIP	BUSHNELL, FL 33513
TITLE	T
NAME	MOFFITT, DEBORAH
STREET ADDRESS	5447 OR 547
CITY - ST - ZIP	BUSHNELL, FL 33513

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *Ronnie Hawkins* **RONNIE HAWKINS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

352-793-0210

Daytime Phone #