2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90099 003 ****61.25

1. Entity Nam	MENT #701708 ST BAPTIST CHURCH OF	BUSHNELL INC.				02-07-2003	<i>30033</i> 00.	, 0,	1.23
Principal Place of Business 125 W ANDERSON AVE BUSHNELL, FL 33513 Mailing Address 125 W ANDERSON AVE BUSHNELL, FL 33513							- 50	011	557
2. Principal P	ace of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252005	Chg-NP	CR2E037	(10/03)	
City & State		City & State			4. FEI Number 59-10897	91			plied For t Applicable
Zip	Country	Country Zip		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required			itional	
	6. Name and Address of Currer	nt Registered Agent			7. Name and Ad	dress of New F		•	
TODD CA	ROLYN			Name					
TODD, CAROLYN 7979 CR 747 BUSHNELL, FL 33513				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code)
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registere	d office or regis	stered agent, or both, is	n the State of Fl	orida. I am far	niliar with,	and accept
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered	Agent signature requ	ired when reinstating)		DATE		
oldivatore.		ent and title if applicable. (NO 9. Election Ca Trust Fund	ampaign Fi	nancing	\$5.00 May Be Added to Fees		DATE Make check prida Departm		
10.	Signature, typed or printed name of registered age	9. Election Ca Trust Fund	ampaign Fi	nancing	\$5.00 May Be	~~~~Flo	lake check prida Departn	ent of St	ate 🔭
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D	9. Election Ca Trust Fund	ampaign Fi Contributio	nancing on.	\$5.00 May Be Added to Fees	~~~~Flo	Make check prida Departm	ent of St	ate 🔭
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D TODD, MARVIS C	9. Election Ca Trust Fund DIRECTORS	ampaign Fi Contribution 11.	nancing	\$5.00 May Be Added to Fees	~~~~Flo	Make check prida Departm	CTORS IN	ate ***
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12. I hereby certify that the information supplied with this filling 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.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR