

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90099 003 \*\*\*\*61.25

**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**

**50011557**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1089791**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TODD, MARVIS C**  
CITY-ST-ZIP **7979 CR 747  
BUSHNELL, FL 33513**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **DEMAREST, CHARITY**  
CITY-ST-ZIP **2984 CR 617  
BUSHNELL, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HARRISON, JULIAN**  
CITY-ST-ZIP **324 WEST DADE AVE  
BUSHNELL, FL 00000,**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HAWKINS, RONNIE**  
CITY-ST-ZIP **P. O. BOX 441 N/A  
BUSHNELL, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CRAWFORD, M. LYNN**  
CITY-ST-ZIP **7131 CR 619  
BUSHNELL, FL 33513**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **MOFFITT, DEBORAH**  
CITY-ST-ZIP **5447 CR 547  
BUSHNELL, FL 33513**

TITLE ☐ Change ☒ Addition  
NAME **Kori Maddox**  
STREET ADDRESS **401 Jumper Dr S**  
CITY-ST-ZIP **Bushnell, FL 33513**

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.

SIGNATURE:

*Kori Maddox*

*Kori Maddox, Treasurer*

Date

**1/27/05 352-713-8885**

Daytime Phone #