


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 703766
 1. Entity Name
FIRST INDIAN BAPTIST CHURCH BRIGHTON RESERVATION, INC.



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|--|--|
| Principal Place of Business ROUTE 6 BOX 570 OKEECHOBEE, FL 34974 | Mailing Address ROUTE 6 BOX 570 OKEECHOBEE, FL 34974 |
|--|--|

DO NOT WRITE IN THIS SPACE



04152005 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-1080565 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 JOHNS, WONDER R
 RT 6 BOX 618
 OKEECHOBEE, FL 34974

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 _____ (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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD JOHNS, WONDER R RT 6 BOX 618 OKEECHOBEE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MICCO, HOWARD RT. 6, BOX 616 OKEECHOBEE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TR SMITH, JACK SR. RT 6 BOX 675 OKEECHOBEE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 04/19/05-80079-005 61.25

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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.

SIGNATURE: Wonder Johns (Wonder Johns) 4-15-05 ⁸⁶³ 467 1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #