

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 11, 2004 8:00 am
Secretary of State

01-29-2004 90018 004 ****61.25

66401595



MOORE CR2E037 (11/03)

DOCUMENT # 704609			
1. Entity Name PLANTATION BAPTIST CHURCH, INC.			
Principal Place of Business 11700 N.W. 28 CT. PLANTATION FL 33323		Mailing Address 11700 N.W. 28 CT. PLANTATION FL 33323	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LEMAN, HOWARD A., REV 11700 N.W. 28TH COURT PLANTATION FL 33323		4. FEI Number 59-1316308	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
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 _____			
FILE NOW - FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LEMAN, HOWARD A. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11920 NW 27TH STREET	NAME	
STREET ADDRESS	PLANTATION FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	DY HILL, FRANCIS X <input checked="" type="checkbox"/> Delete	TITLE	GARY COLLIER DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10125 NW 31 CT	NAME	12631 SW 6CT
STREET ADDRESS	SUNRISE FL 33323	STREET ADDRESS	DAVIE, FL 33325
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	DS PENA, AHMED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11529 SW 56 ST.	NAME	
STREET ADDRESS	COOPER CITY - FL 33330	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>Howard A. Leman</i>		Date: <i>Jan 21, 2004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>954-473-2424</i>	

Attachment

66401595
#704609



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 2, 2004

PLANTATION BAPTIST CHURCH, INC.
11700 N.W. 28 CT.
PLANTATION, FL 33323

Subject: PLANTATION BAPTIST CHURCH, INC.

Reference Number:

704609

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION