
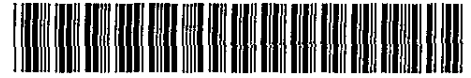


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 707539 1. Entity Name FIRST BAPTIST CHURCH OF OLDSMAR, INC.	
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Principal Place of Business 650 BURBANK ROAD OLDSMAR FL 34677	Mailing Address 650 BURBANK ROAD OLDSMAR FL 34677
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent PRESTON, REV EDDIE L 1337 COLUMBIA AVENUE PALM HARBOR FL 33563	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE	TD MASON, DAVID <input type="checkbox"/> Delete 10401 STIRRUP WAY TAMPA FL
NAME	PD NELSON, CHARLES <input type="checkbox"/> Delete 2720 WENDOVER TERR. PALM HARBOR FL
STREET ADDRESS	VPD KERCE, ROBERT <input type="checkbox"/> Delete 300 NATIONAL ORANGE AVE. OLDSMAR FL 34677
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000256974
STREET ADDRESS	03/09/05-80035-023 61.25
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
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)(f), 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: David Mason DAVID MASON 3/4/05 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #