

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707733

FILED
May 14, 2005
Secretary of State

Entity Name: THE FIRST BAPTIST CHURCH OF ST. CLOUD, FLORIDA, INCORPORATED

Current Principal Place of Business:

1717 13TH ST
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1717 13TH ST.
ST. CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 59-1163072 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POLACHEK, JULES III
1717 13TH ST
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JOSEPHEN, TROY
Address: 1625 E. 10TH ST.
City-St-Zip: ST. CLOUD, FL 341771

Title: VC () Delete
Name: KNOLLINGER, LOWELL
Address: 655 GRAPE AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: TD () Delete
Name: TACKETT, TORREON
Address: P.O. BOX 700686
City-St-Zip: ST CLOUD, FL 347700686

Title: S () Delete
Name: SMITH, PAUL
Address: 2940 HARVEST LANE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CANNATA, PETER M
Address: 5372 WHISPERING PINE CR.
City-St-Zip: ST. CLOUD, FL 34771

Title: TD (X) Change () Addition
Name: KNOLLINGER, LOWELL
Address: 655 GRAPE AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VC (X) Change () Addition
Name: WADE, WILLIAM
Address: 4813 JEANETTE COURT
City-St-Zip: ST CLOUD, FL 34771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER M CANNATA

C

05/14/2005

Electronic Signature of Signing Officer or Director

_____ Date