


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 709628	
1. Entity Name FIRST BAPTIST CHURCH, INC., OF DELEON SPRINGS, FLORIDA	

Principal Place of Business 4995 CENTRAL AVE POB 908 DELEON SPRINGS, FL 32130	Mailing Address 4995 CENTRAL AVE POB 908 DELEON SPRINGS, FL 32130
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03112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1494213	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

HESTER, BILL G
 4455 CAVE LAKE ROAD
 DE LEON SPRINGS, FL 32130

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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: Bill G Hester (NOTE: Registered Agent signature required when resigning) DATE: 3/14/04

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000122390
 04/21/04-80027-010-61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COPELAND, AL 4654 ORANGE DRIVE NORTH DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAST, BOB 1855 CORTEZ DRIVE PIERSON, FL 32180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABBOTT, JOSEPH 217 CATALONIA AVENUE DELEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PURCELL, LEON M PO BOX 441 PIERSON, FL 32180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HESTER, BILL 4455 CAVE LAKE ROAD DELEON SPRINGS, FL 32430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, WESLEY 340 PONCE DELEON BLVD DE LEON SPRINGS, FL 32130

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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)(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: Bill G Hester (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 3/14/04 DAYTIME PHONE #: 386-985-4281