## ANNUAL REPORT

## **DÔCUMENT # 710641**

1. Entity Name

FARST BAPTIST CHURCH OF ROCKLEDGE, FLORIDA, INC.



**FILED** Jan 26, 2004 08:00 AM Secretary of State

Principal Place of Business **1810 CEDAR STREET** ROCKLEDGE, FL 32955

Mailing Address 1810 CEDAR STREET ROCKLEDGE, FL 32955



01072004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-1150446

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent PIPER, RICHARD L 1409 COLLEGE AVE... COCOA, FL 32922

DO NOT WRITE IN THIS SPACE

## 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.	Signature, typed or printed name of registered agent and fills if a	applicable (NOTE Registered Agent	signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	Buddenburg.co.
16. OFFICERS AND DIRECTORS					<u> </u>
TITLE NAME STREET AUDINESS CITY-ST-ZIP	PD PIPER, RICHARD L 1409 COLLEGE AVE. COCOA, FL 32922				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES, JESSE H 1000 WOODSMERE CIR ROCKLEDGE, FL 32955		-		U00000012777 01/26/04-80024-013 70.00
TITLE NAME STREET ADDRESS CHY-SI-DP	SD HARRIS, STEVEN J 34 MAGRUDER TERR. ROCKLEDGE, FL 32955			DO	NOT WRITE
TITLE WASHE STREET ADDRESS CUTY-ST-ZIP				IN.	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					5. M. 20. 2020.
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<b>12.</b> (thereby)	willy that the information supplied with this file	ng does not qualify for the exemption	statec	in Section 119.07(3)	7), Torida 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.