


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 713266 1. Entity Name FIRST BAPTIST HOUSING, INC.	
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Principal Place of Business 414 EAST PINE STREET ORLANDO, FL 32801	Mailing Address 414 EAST PINE STREET ORLANDO, FL 32801
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01142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2357101	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 SANDERS, LARRY T. 414 E PINE ST ORLANDO, FL 32801
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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 _____

Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELSEY, ROBERT 9664 WEATYERSTONE COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MALLORY, SHIRLEY 613 ORIOLE STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JAMES 1457 MONTCALM ST ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOIS, WENGER 4600 TINSLEY DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARNOLD, WESLEY 3927 WATERFRONT PARKWAY ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PETERSON, JUDD J 5025 BULTER RIDGE DR WINDEMERE, FL

U00000189572
 01/24/05-80101-002 61.25

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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)(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: Robert E. Kelsey 1-18-05 407-841-7209
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #