

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 718962

1. Entity Name
FIRST BAPTIST CHURCH OF WHITE CITY, INC.



FILED
Jan 29, 2004 08:00 AM
Secretary of State

Principal Place of Business
903 MIDWAY RD.
FT. PIERCE, FL 34982

Mailing Address
903 MIDWAY RD.
FT. PIERCE, FL 34982



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1974012	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORRELL, ALBERT D.
116 INDIAN HILLS DR.
FT. PIERCE, FL 34982

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SORRELL, ALBERT D. 116 INDIAN HILLS DR. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUTKE, GERALD M 8594 SE FLORENCE DR PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, W F 181 EL SITO CT PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHURCH, U.S. 269 NIGHTINGALE AVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, RAYMOND 378 BAYSINGER DR FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000020160
01/29/04-80053-010 61.25

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IN THIS SPACE**

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: Albert Sorrell ALBERT SORRELL 1-25-04 772-464-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #