


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 724564 1. Entity Name FIRST BAPTIST CHURCH OF PALM RIVER, INC.	
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Principal Place of Business 5415 PALM RIVER ROAD TAMPA FL 33619	Mailing Address 5415 PALM RIVER ROAD TAMPA FL 33619
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 59-6513401
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MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent CLARK, RICHARD 7416 CELESTE LANE TAMPA FL 33619	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD SKIPPER, JERRY <input type="checkbox"/> Delete 3210 S 70 ST. TAMPA FL
TITLE	RA CLARK, RICHARD <input type="checkbox"/> Delete 7416 CELESTE LANE TAMPA FL
TITLE	SD ALMAND, ROBERT <input type="checkbox"/> Delete 520 S. 56TH ST TAMPA FL
TITLE	D SMYER, CHARLIE <input type="checkbox"/> Delete 711 PAPAYA DR. TAMPA FL
TITLE	T HAST, CHUCH <input type="checkbox"/> Delete 504 S. 57TH ST TAMPA FL 33619
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000076316 03/04/04-80023-014 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Almand 2-25-04 621-2058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #