

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 734674	
1. Entity Name SIMMON'S BAPTIST CHURCH INC.	

Principal Place of Business 7039 E HWY 318 CITRA FL 32113 US	Mailing Address P.O. BOX 263 CITRA FL 32113 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

MATCHETT, RUSSELL 22800 NE 76TH TERRACE ROAD CITRA FL 32113


1st MOORE CR2E037 (10/04)

4. FEI Number 59-2246965	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reappointing)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATCHETT, RUSSELL 22800 NE 76TH TERRACE ROAD CITRA FL 32113 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALDRON, HOYT E PO BOX 248 CITRA FL 32113 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000339648 04/28/05-80085-012 70.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, ROGER D 22501 NE 77TH TERRACE ROAD CITRA FL 32113 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, WILMA 967 S. COUNTY ROAD 21 HAWTHORNE FL 32640 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCMILLAN, FRANCIS P.O. BOX 122 CITRA FL 32113 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	H HUGHES, PATRICIA P.O. BOX 616 CITRA FL 32113 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: Patricia Hughes	Patricia Hughes	04-24-05 (1-352-546-1360)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #