2005 NOT-FOR-PROFIT COPPORATION

FILED Apr 25, 2005 08:00 A tate

ANNUAL REPORT						Secreta	
1. Entity Nan FIRST B	MENT # 748336 PAPTIST CHURCH OF LUTZ G CORPORATION, INC.						
l	ce of Business IWY 41 NORTH 3549	Mailing Address 18116 US HWY 41 NORTH LUTZ, FL 33549			1520 1250 1560 1660 1660	ATRIK BIRKI BIRKI BIRKI	ok odakilok ok (1861
C	OO NOT WRITE	04202005 No Chg-NP CR2E037 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required					
HOUSTOI 414 2 ND LUTZ, FL	AVE SE	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 renstating) O4/20/2005							
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Final Trust Fund Contribution.			5.00 May Be dded to Fees				
10. HILE NAME SIREET ADDRESS CITY-ST-ZIP HILE NAME SIREET ADDRESS CITY-ST-ZIP HILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	LUTZ, FL	DIRECTORS			U00000 04/25/05- NOT W	80156-001	70,60
NAME STREET ADDRESS	M NALLS, HAZEL 908 TOMLINSON DR.						

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Dat

LUTZ, FL

CITY-ST ZIP

CITY-\$1-ZIP

TITLE NAME STREET ADDRESS