

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757521

FILED
Jun 13, 2005
Secretary of State

Entity Name: GLENCOE BAPTIST CHURCH, INC.

Current Principal Place of Business:

196 N GLENCOE RD
P O BOX 702938
NEW SMYRNA BEACH, FL 32170

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 702938
NEW SMYRNA BEACH, FL 321702938

New Mailing Address:

FEI Number: 59-0212714 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYASHI, DARRY T
3210 KUMQUAT DR
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAYASHI, DARRY T
Address: 3210 KUMQUAT DR
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: CONLEY, KELLIE
Address: 144 W CONNECTICUT AVE
City-St-Zip: EDGEWATER, FL 32132

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CONLEY, KELLIE
Address: 144 W CONNECTICUT AVE
City-St-Zip: EDGEWATER, FL 32132

Title: D () Change (X) Addition
Name: CAPE, DAVID
Address: 8 ANDREA DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLIE L. CONLEY

T

06/13/2005

Electronic Signature of Signing Officer or Director

Date