

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

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90024 050 \*\*\*\*61.25

|                                                                    |                                                                                   |
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| <b>DOCUMENT # 759267</b>                                           |  |
| <b>1. Entity Name</b><br>FIRST BAPTIST CHURCH OF CARROLLWOOD, INC. |                                                                                   |

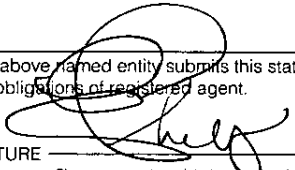
|                                                                           |                                                               |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Principal Place of Business</b><br>5395 EHRLICH ROAD<br>TAMPA FL 33625 | <b>Mailing Address</b><br>5395 EHRLICH ROAD<br>TAMPA FL 33625 |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |

|                                                                  |                                                               |
|------------------------------------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>59-2105414                               | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                         |

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| <b>6. Name and Address of Current Registered Agent</b><br><br>DURST, FRANK E.<br>2510 THORNBROOK PLACE<br>TAMPA FL 33618 |
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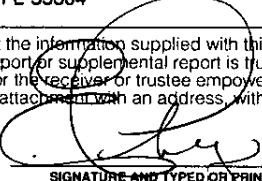
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| <b>7. Name and Address of New Registered Agent</b><br>Name<br>PHILLIPS, ELVIN<br>Street Address (P.O. Box Number is Not Acceptable)<br>3310 DEL PRADO CT<br>City<br>TAMPA<br>FL<br>Zip Code<br>33614 |
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| <b>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.</b>                                    |
| SIGNATURE  Elvin W. Phillips, President<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |
| DATE<br>4/18/04                                                                                                                                                                                                                                                         |

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

| 10. OFFICERS AND DIRECTORS                     |                                                                                                         |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>GARSDIE, DEL<br>3312 WESTMORELAND<br>TAMPA FL 33618 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>HALL, WENDELL<br>5519 RAWLS RD<br>TAMPA FL 33625 <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PHILLIPS, ELVIN<br>3310 DEL PRADO CT<br>TAMPA FL 33614 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DURST, FRANK E<br>2510 THORNBROOK PL<br>TAMPA FL 33618 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>BLOCK, ROGER<br>4937 UMBER WAY SOUTH<br>TAMPA FL 33624 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>BARNES, JOHN<br>6816 RIVER BLVD<br>TAMPA FL 33604 <input type="checkbox"/> Delete                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                     |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>TED EVANS<br>9401 ROBERTS RD<br>ODESSA, FL 33556 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |

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| <b>12. I hereby certify that the information supplied with this filing 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.</b> |
| SIGNATURE:  Elvin W. Phillips, President 4/18/04 941-329-6633<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                              |