

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 760110
 1. Entity Name
 FOWLERS BLUFF BAPTIST CHURCH, INC.

Principal Place of Business 4310 NW 152 AVE CHIEFLAND, FL 32626 US	Mailing Address P O BOX 98 CHIEFLAND, FL 32644 US
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01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLIS, WAYNE
 7048 NW 118TH LN
 CHIEFLAND, FL 32626

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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 _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUMMOND, C.D. 15677 NW 46 LANE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHACK, ARTHUR 6650 NWE CR 347 CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIS, WAYNE 7048 NW 118TH LN CHIEFLAND, FL 32626
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 03/09/05-80022-011 61.25
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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.

SIGNATURE: Wayne Willis Wayne Willis 3-7-05 305-492-2693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #