

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90277 004 \*\*\*\*61.25

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 762582</b>                                          |  |
| 1. Entity Name<br><b>FIRST BAPTIST CHURCH OF WELLINGTON, INC.</b> |                                                                                   |

|                                                                                                  |                                                                                       |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>12700 FOREST HILL BLVD. W<br/>WELLINGTON, FL 33414-4765 US</b> | Mailing Address<br><b>12700 FOREST HILL BLVD. W.<br/>WELLINGTON, FL 33414-4765 US</b> |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

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

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2025397**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
☐ Not Applicable

|                                                                                     |  |
|-------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                                     |  |
| <b>TOWNSEND, TERRY G.<br/>12700 FOREST HILL BLVD. WEST<br/>WELLINGTON, FL 33414</b> |  |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | 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 \_\_\_\_\_ DATE \_\_\_\_\_

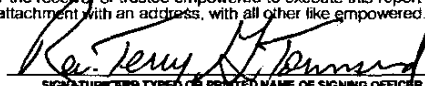
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                     |                                                                                                                        |                                                              |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                                      |
|----------------------------|------------------------------------------------------|
| TITLE                      | <b>P</b> <input type="checkbox"/> Delete             |
| NAME                       | <b>TOWNSEND, TERRY G.</b>                            |
| STREET ADDRESS             | <b>12700 FOREST HILL BLVD W</b>                      |
| CITY-ST-ZIP                | <b>WELLINGTON, FL 33414</b>                          |
| TITLE                      | <b>TR</b> <input type="checkbox"/> Delete            |
| NAME                       | <b>MALONE, JUANITA</b>                               |
| STREET ADDRESS             | <b>2524 STONEGATE DR.</b>                            |
| CITY-ST-ZIP                | <b>WELLINGTON, FL 33414</b>                          |
| TITLE                      | <b>TRD</b> <input type="checkbox"/> Delete           |
| NAME                       | <b>MORRISON, FITZ</b>                                |
| STREET ADDRESS             | <b>129 CORDOBA CIR</b>                               |
| CITY-ST-ZIP                | <b>ROYAL PALM BEACH, FL 33411</b>                    |
| TITLE                      | <b>S</b> <input type="checkbox"/> Delete             |
| NAME                       | <b>BLEVINS, KELLY</b>                                |
| STREET ADDRESS             | <b>1544-C FOREST LAKES CIRCLE</b>                    |
| CITY-ST-ZIP                | <b>WEST PALM BEACH, FL 33406</b>                     |
| TITLE                      | <b>TR</b> <input checked="" type="checkbox"/> Delete |
| NAME                       | <b><del>TRITT, ED-</del></b>                         |
| STREET ADDRESS             | <b><del>157 WATERWAY ROAD-</del></b>                 |
| CITY-ST-ZIP                | <b><del>ROYAL PALM BEACH, FL 33411-</del></b>        |
| TITLE                      | <b>T</b> <input type="checkbox"/> Delete             |
| NAME                       | <b>TERRILL, RAYMOND</b>                              |
| STREET ADDRESS             | <b>14829 HORSESHORE TRACE</b>                        |
| CITY-ST-ZIP                | <b>WELLINGTON, FL 33414</b>                          |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  |                                                                              |
| STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                                           |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  |                                                                              |
| STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                                           |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  |                                                                              |
| STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                                           |                                                                              |
| TITLE                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                  | <b>TR</b>                                                                    |
| STREET ADDRESS                                        | <b>O. G. Moore * MOORE, O.G.</b>                                             |
| CITY-ST-ZIP                                           | <b>1235 Pinetta Circle<br/>Wellington, FL 33414</b>                          |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                  |                                                                              |
| STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                                           |                                                                              |

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:**  **Terry G. Townsend** 4/21/05 (561) 793-5670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #