


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

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 766671 1. Entity Name FIRST FREE WILL BAPTIST CHURCH OF PALM BAY, INC.			
Principal Place of Business		Mailing Address	
7455 PALM BAY FL 32907 US		1181 LAMP LIGHTER DR., NW PALM BAY FL 32907 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3559593	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMPSON, BOBBY 1398 CINDY CIR NE PALM BAY FL 32905		Name	
		Street Address (P O. Box Number is Not Acceptable)	
		City	FL
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 <i>Bobby Thompson</i>		DATE	
Signature typed or printed name of registered agent and file if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, BOBBY	NAME	
STREET ADDRESS	1398 CINDY CIR	STREET ADDRESS	U00000029957
CITY-ST-ZIP	PALM BAY FL 32905	CITY-ST-ZIP	02/04/04-80089-012 61.25
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPELL, GARY	NAME	
STREET ADDRESS	2129 TAPPAN ZEE LANE NE	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANNIN, LEO	NAME	
STREET ADDRESS	2318 2ND AVE SE	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, BOBBY	NAME	
STREET ADDRESS	2600 BRANDYWINE LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DOROTHY	NAME	
STREET ADDRESS	2020 HANES RD SE	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, BOBBY	NAME	
STREET ADDRESS	1398 CINDY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	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)(f), 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: <i>Bobby Thompson</i>		DATE	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



MOORE CR2E037 (11/03)