

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 837910 1. Entity Name SOUTHERN BAPTIST FOUNDATION INCORPORATED	
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Principal Place of Business 901 COMMERCE STREET STE 600 NASHVILLE, TN 37203-3697	Mailing Address 901 COMMERCE STREET STE 600 NASHVILLE, TN 37203-3697
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01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0508097	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOREMAN, MICHAEL L. 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237

**DO NOT WRITE
IN THIS SPACE**

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.

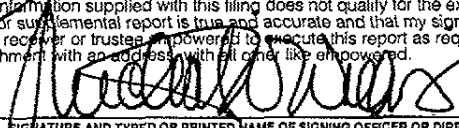
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000116739 04/16/04-80077-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR CHAPMAN, MORRIS H 901 COMMERCE ST NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTR HALL, WILLIAM K 251 AVENUE VISTA DEL OCEANO SAN CLEMENTE, CA 926724548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEEKS, MICHAEL W 901 COMMERCE ST NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMMUSE, MARGARET D 901 COMMERCE ST NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBRIGHT, FAYE S. 901 COMMERCE ST NASHVILLE, TN 372033697
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARNER, JULY C 901 COMMERCE ST NASHVILLE, TN 372033697

**DO NOT WRITE
IN THIS SPACE**

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: 	4/12/04 615-782-8442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL W WEEKS	Date Daytime Phone #