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

Principal Place of Business	Mailing Address
901 COMMERCE STREET STE 600 NASHVILLE, TN 37203-3697	901 COMMERCE STREET STE 600 NASHVILLE, TN 37203-3697

01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-0508097
☐ Applied For
☐ Not Applicable

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

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000116739
04/16/04-80077-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	CTR
NAME	CHAPMAN, MORRIS H
STREET ADDRESS	901 COMMERCE ST
CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	VCTR
NAME	HALL, WILLIAM K
STREET ADDRESS	251 AVENUE VISTA DEL OCEANO
CITY-ST-ZIP	SAN CLEMENTA, CA 926724548
TITLE	P
NAME	WEEKS, MICHAEL W
STREET ADDRESS	901 COMMERCE ST
CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	S
NAME	CAMMUSE, MARGARET D
STREET ADDRESS	901 COMMERECE ST
CITY-ST-ZIP	NASHVILLE, TN
TITLE	VP
NAME	ALBRIGHT, FAYE S.
STREET ADDRESS	901 COMMERECE ST
CITY-ST-ZIP	NASHVILLE, TN 372033697
TITLE	T
NAME	GARNER, JULY C
STREET ADDRESS	901 COMMERECE ST
CITY-ST-ZIP	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: Michael W. Weeks 4/12/04 615-782-8442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL W. WEEKS