## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2005 8:00 am **Secretary of State DOCUMENT # N00288** 02-09-2005 90047 042 \*\*\*\*61.25 THE SOUTH BABCOCK STREET BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 7415 BABCOCK STREET S.E. PALM BAY FL 32909 7415 BABCOCK STREET S.E. PALM BAY FL 32909 50012409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOURY, DENNIS 1364 HAZEL ST. NW PALM BAY FL 32907 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. (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 1768 Las Pulmos Or SW. TITLE TITLE ☐ Delete LOURY, DENNIS NAME NAME 768 LAS PALMOS DR. S.W. STREET ADDRESS STREET ADDRESS Palm Bay FL 32908 PALM BAY FL 32908 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete ☐ Change FRAZIER, ROBERT R NAME NAME 2078 MAJESTIC PINE COURT N.E. STREET ADDRESS STREET ADDRESS PALM BAY FL 32905 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete THIE TITLE LOURY, GENE NAME NAME 573 PARKER RD. STREET ADDRESS STREET ADDRESS MELBOURNE FL 34056 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BYER, RAYMOND NAME 1410 MANZANITA ST. N.W. STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TATE F NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED