


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N15422
 1. Entity Name
FIRST BAPTIST CHURCH OF NAVARRE, INC.



Principal Place of Business Mailing Address
9302 NAVARRE PKWY **9302 NAVARRE PKWY**
NAVARRE, FL 32566-2910 US **NAVARRE, FL 32566-2910 US**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2478231 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BROOKS, LESLIE
10088 CALLE DE PALENCIA
NAVARRE, FL 32566

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7. 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

8. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLANK, DON 1780 VILLA VIZCAYA DR NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBETH, JAMES 1710 SUNNY OAK ST. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLTZ, CAROL 2737 DOVE HAVEN LANE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKS, LESLIE 10088 CALLE DE PALENCIA NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/21/04-80015-007 61.25

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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: *Donald H. Plank* **Donald H. Plank** 1/11/2004 1-850-939-3424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #