


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

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91283 010 \*\*\*\*70.00

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # N16875</b>  |         |  |         |
| 1. Entity Name<br>FIRST BAPTIST CHURCH OF DELRAY BEACH, FLORIDA                       |         |   |         |
| Principal Place of Business<br>16333 SO. MILITARY TRAIL<br>DELRAY BEACH FL 33484-6628 |         | Mailing Address<br>16333 SO. MILITARY TRAIL<br>DELRAY BEACH FL 33484-6628         |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |

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MOORE CR2E037 (11/03)

|  |  |  |  |
|--|--|--|--|
| 4. FEI Number<br>59-0760201  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |  |  |

|   |  |  |  |
|---|--|--|--|
| <b>6. Name and Address of Current Registered Agent</b>        |  | <b>7. Name and Address of New Registered Agent</b>   |  |
| BIVINS, DOUGLAD<br>2383 S.W. 13 WAY<br>BOYNTON BEACH FL 33426 |  | Name<br><b>Jon Rea</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>15574 Fiorenza Cr.</b><br>City<br><b>Delray Beach</b> FL Zip Code<br><b>33446</b> |  |

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  **Jon Rea, Secretary** DATE **4-21-04**

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

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                         |  |
|----------------------------|------------------------|--|---|-------------------------|--|
| TITLE                      | D                      | <input checked="" type="checkbox"/> Delete | TITLE   | Vice-Chairman           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BIVINS, DOUGLAS        |  | NAME  | Hackney Allen           |  |
| STREET ADDRESS             | 2383 SW 13 WAY         |  | STREET ADDRESS  | 2113 SW 13 Place        |  |
| CITY-ST-ZIP                | BOYNTON BEACH FL 33426 |  | CITY-ST-ZIP   | Boynton Beach, FL 33426 |  |
| TITLE                      | D                      | <input type="checkbox"/> Delete            | TITLE   | Secretary               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | PIGNATO, JAMES V       |  | NAME  | Jon Rea                 |  |
| STREET ADDRESS             | 25 C STRATFORD DR      |  | STREET ADDRESS  | 15574 Fiorenza Cr       |  |
| CITY-ST-ZIP                | BOYNTON BEACH FL 33436 |  | CITY-ST-ZIP   | Delray Beach, FL 33446  |  |
| TITLE                      | SD                     | <input type="checkbox"/> Delete            | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GWYNN, CHARLES B       |  | NAME  |                         |  |
| STREET ADDRESS             | 615 LAKE DRIVE         |  | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                | DELRAY BEACH FL 33444  |  | CITY-ST-ZIP   |                         |  |
| TITLE                      | D                      | <input checked="" type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | REIFF, FRANK           |  | NAME  |                         |  |
| STREET ADDRESS             | 1900 D PALM LAND DRIVE |  | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                | BOYNTON BEACH FL 33436 |  | CITY-ST-ZIP   |                         |  |
| TITLE                      | D                      | <input checked="" type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CLANCY, LAWRENCE       |  | NAME  |                         |  |
| STREET ADDRESS             | 2811 SW 15 ST #202     |  | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                | DELRAY BEACH FL 33445  |  | CITY-ST-ZIP   |                         |  |
| TITLE                      |                        | <input type="checkbox"/> Delete            | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        |  | NAME  |                         |  |
| STREET ADDRESS             |                        |  | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                |                        |  | 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)(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:  **Jon Rea** DATE **4-21-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #