

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18990

FILED
Mar 29, 2004
Secretary of State**Entity Name:** AVALON BAPTIST CHURCH, INC.**Current Principal Place of Business:**4316 AVALON BLVD
MILTON, FL 32583 US**New Principal Place of Business:****Current Mailing Address:**4316 AVALON BLVD.
MILTON, FL 32583 US**New Mailing Address:****FEI Number:** 59-2719053**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBERTSON, DAVID
5624 CARDIMAN
MILTON, FL 32583 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** VTR () Delete
Name: WHITFIELD, CLARENCE
Address: 623 FORTE ST
City-St-Zip: PACE, FL**Title:** TTR () Delete
Name: PELOKE, JOHN SR
Address: 5404 MILLSTONE CIRCLE APT A
City-St-Zip: MILTON, FL**Title:** STR () Delete
Name: ROBERTS, LUKE
Address: 5145 CHERRY BLOSSOM
City-St-Zip: MILTON, FL 32583**Title:** PTR () Delete
Name: ROBERTSON, DAVID
Address: 5624 CARDIMAN
City-St-Zip: MILTON, FL 32583**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VTR (X) Change () Addition
Name: WHITFIELD, CLARENCE
Address: 4333 FORTE ST
City-St-Zip: PACE, FL**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE WHITFIELD

VTR

03/29/2004

Electronic Signature of Signing Officer or Director_____
Date