

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N32377**  
 1. Entity Name  
**WINDSOR BAPTIST CHURCH, INC.**



Principal Place of Business      Mailing Address  
 918 S.E. COUNTY RD 234      918 S.E. COUNTY RD 234  
 GAINESVILLE, FL 32641 US      GAINESVILLE, FL 32641 US

**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 59-2888666      Not Applicable

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

6. Name and Address of Current Registered Agent  
 REDMOND, R. MICHAEL  
 12826 SE 9 PL  
 GAINESVILLE, FL 32641

**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 file 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

000000133002  
 04/27/04-80071-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, DOROTHY 13504 E CTY RD 1474 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MERCER, DAN 9215 SE CTY ROAD 2082 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REEVES, LARRY 12028 SE HWY 301 HAWTHORNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REDMOND, R., MICHAEL 12826 SE 9 PL GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NELSON, ROBERT 13016 S.E. 9 PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HURST, WILLIAM 423 S.E. COUNTY RD 234 GAINESVILLE, FL

**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 an other line empowered.

**SIGNATURE:** R. Michael Redmond (R. Michael Redmond) 4/15/04      352-375-7316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #