

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
**918 S.E. COUNTY RD 234
GAINESVILLE, FL 32641 US**

Mailing Address
**918 S.E. COUNTY RD 234
GAINESVILLE, FL 32641 US**



02162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2888666

Applied For
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 title 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**

04/27/04-80071-016 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* **4/15/04** **352-375-7316**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR