## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 07, 2005 8:00 am Secretary of State DOCUMENT # N34810 1. Entity Name 04-07-2005 90029 033 \*\*\*\*61.25 BLACK POND BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 3644 OLD JENNINGS RD MIDDLEBURG FL 32068 3644 OLD JENNINGS RD MIDDLEBURG FL 32068 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1903774 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALSINGHAM, DONALD Street Address (P.O. Box Number is Not Acceptable) 4007 MUSTANG RD MIDDLEBURG FL 32068 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 🖟 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE ☐ Addition **√** Change WATERS, ROGER SR NAME WATERS, ROGER SR 4509 ALLABOARD DR. STREET ADDRESS STREET ADDRESS 4509 ALLABOARD DR. MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 THUE ☐ Delete TITLE 1 Change ☐ Addition WALSINGHAM, DONALD E NAME NAME GREEN, MARK 4007 MUSTANG RD STREET ADDRESS STREET ADDRESS -2789 BLACK CREEK DR. MIDDLEBURG/FL 32068 CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32968 TITLE ☐ Delete ☐ Change X Addition CONAWAY, JIM NAME NAME 5642 MAVERICK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 33068 CITY-ST-ZIP MIDDLEBURG FL 32068 TITLE TITLE ☐ Delete Change ☐ Addition STARLING, JUNIOR NAME NAME 512 BRANSCOMB ROAD STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GREEN, MARK NAME MAME 2789 BLACK CREEK DR. STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition LIVINGSTON, JAMES NAME NAME 999 OAK LANE STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32065 CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

Daytime Phone #

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.