


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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90730 011 ****61.25

DOCUMENT # N99000003427

1. Entity Name
BABSON PARK COMMUNITY CHURCH, INC.



Principal Place of Business
**725 RAINBOW BLVD.
 BABSON PARK FL 33827**

Mailing Address
**P.O. BOX 35
 BABSON PARK FL 33827**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

4. FEI Number
59-6218948

Applied For
 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**GRAY, KARLA
 295 S. CARPENTER AVE.
 BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ERIC	
STREET ADDRESS	1440 SEMINOLE RD	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, ROBERT H	
STREET ADDRESS	710 THORNBURG RD.	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSBURN, CONNIE L	
STREET ADDRESS	140 REEDY CREEK DR.	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, KARLA	
STREET ADDRESS	710 THORNBURG RD	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYLIS, LORETTA	
STREET ADDRESS	500 LAKEVIEW DRIVE.	
CITY-ST-ZIP	BABSON PARK FL 33827-9622	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DIANE	
STREET ADDRESS	1810 GOLFVIEW CUTOFF	
CITY-ST-ZIP	BABSON PARK FL 33827	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ressler, Lillian K.	
STREET ADDRESS	101 La Casa	
CITY-ST-ZIP	LAKE WALKS, FL 33898-7474	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Diane F. Davis* **DIANE F. DAVIS** **Treasurer** **4-29-2004** **(863) 638-1235**

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