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

FILED DOCUMENT # NO1000001470 Feb 14, 2004 08:00 AM Secretary of State 1. Entity Name FIRST BAPTIST CHURCH OF LINDEN, INC. Principal Place of Business Mailing Address 4344 STATE ROAD 50 WEBSTER FL 33597 4344 STATE ROAD 50 WEBSTER FL 33597 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-3705070 Not Applicable Country Zip Country Zin \$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 ANDERSON, ERIC Street Address (P.O. Box Number is Not Acceptable) 4344 STATE ROAD 50 WEBSTER FL 33597 City 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE SUMMERLIN, VERYL NAME NAME U00000051299 12106 COUNTY ROAD 774-A STREET ADDRESS STREET ADDRESS 02/16/04-80046-005 61.25 WEBSTER FL 33597 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TYSON, DEVON NAME NAME 9879 SE 22ND STREET STREET ADDRESS STREET ADDRESS WEBSTER FL 33597 CITY-ST-ZIP CITY-ST-ZIP DŤ TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, MAUDE O NAME NAME STREET ADDRESS 8152 STATE ROAD 471 STREET ADDRESS WEBSTER FL 33597 CITY - ST- ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE SIZEMORE, JANICE NAME NAME 9871 SE 22ND STREET STREET ADDRESS STREET ADDRESS WEBSTER FL 33597 CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete ANDERSON, ERIC NAME NAME 4344 STATE ROAD 50 STREET ADDRESS STREET ADDRESS WEBSTER FL 33597 CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

with all other like empowered.

changed, or on an attachment with an address

SIGNATURE: