

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

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 705913

1. Entity Name

IVES DAIRY ROAD BAPTIST CHURCH, INC.



Principal Place of Business

1121 NE 205TH TERRACE
N MIAMI BCH FL 33179-2645
US

Mailing Address

1121 NE 205TH TERRACE
N MIAMI BCH FL 33179-2645
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1219136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEDDEN, JAMES E
20325 NE 13TH COURT
N. MIAMI BCH FL 33179

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

Signature, typed or printed name of registered agent and title if applicable

(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: SD
NAME: WHITAKER, JAMES ☐ Delete
STREET ADDRESS: 17240 NW 51 PLACE
CITY- ST- ZIP: OPA LOCKA FL 33055

TITLE: PD
NAME: HEDDEN, JAMES E ☐ Delete
STREET ADDRESS: 20325 NE 13TH CT.
CITY- ST- ZIP: N. MIAMI BCH FL 33179

TITLE: TD
NAME: KNIGHT, ROBERT D ☐ Delete
STREET ADDRESS: 49 NE 108TH STREET
CITY- ST- ZIP: MIAMI SHORES FL 33161

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 000000076975
CITY- ST- ZIP: 03/05/04-80023-018 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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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: James M. Whitaker, JAMES M. WHITAKER, SECY 02-27-04 305-651-0221