2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 701708

1. Entity Name
THE FIRST BAPTIST CHURCH OF BUSHNELL INC.

Principal Place of Business	Mailing Address
125 W ANDERSON AVE BUSHNELL, FL 33513	125 W ANDERSON AVE BUSHNELL, FL 33513

DO NOT WRITE IN THIS SPACE

03112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1089791
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TODD, CAROLYN
7979 CR 747
BUSHNELL, FL 33513

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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

U00000108278
04/09/04-80049-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TODD, MARVIS C
STREET ADDRESS	7979 CR 747
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	SD
NAME	DEMAREST, CHARITY
STREET ADDRESS	2984 CR 617
CITY-ST-ZIP	BUSHNELL, FL
TITLE	D
NAME	HARRISON, JULIAN
STREET ADDRESS	324 WEST DADE AVE
CITY-ST-ZIP	BUSHNELL, FL 00000,
TITLE	D
NAME	HAWKINS, RONNIE
STREET ADDRESS	P. O. BOX 441 N/A
CITY-ST-ZIP	BUSHNELL, FL
TITLE	D
NAME	CRAWFORD, M. LYNN
STREET ADDRESS	7131 CR 619
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	T
NAME	MOFFITT, DEBORAH
STREET ADDRESS	5447 CR 547
CITY-ST-ZIP	BUSHNELL, FL 33513

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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: Ronnie Hawkins 3/31/04 352-793-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #