


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # 709914 1. Entity Name ASTATULA BAPTIST CHURCH, INCORPORATED	
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Principal Place of Business 13239 FLORIDA AVE. ASTATULA, FL 34705 US	Mailing Address P.O. BOX 141 ASTATULA, FL 34705 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6531138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ALBERDING, DON 25829 CR 561 ASTATULA, FL 34705
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, TRAVIS 25020 JEFFERSON STREET ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECK, ELLA MAE 23047 ROBBINS RD. ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERDING, DON 25829 CR 561 ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HATTO, DEACON 17135 FRANKLIN AVE MONTVERDE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EASTERDAY, DEACON 15 BAHIA WAY LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, MELVIN 23047 ROBBINS RD. ASTATULA, FL 34705

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(100000183835  
01/20/05-80006-003 61.25

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: Travis Lane 1/13/05 352-742-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR