2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000008808

SHADY SEA MISSIONARY BAPTIST CHURCH, INC.



FILED Apr 19, 2005 08:00 AM Secretary of State

Principal Place of Business

152 ALASKA BROWN RD CRAWFORDVILLE, FL 32327 - Mailing Address

152 ALASKA BROWN RD CRAWFORDVILLE, FL 32327



DO NOT WRITE IN THIS SPACE

04152005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 02-0531022

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional

6. Name and Address of Current Registered Agent

BROWN, ALASKA 152 ALASKA BROWN RD CRAWFORDVILLE, FL 32327

DO NOT WRITE IN THIS SPACE

			AND PROPERTY OF THE PARTY OF TH
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, typod or printed name of registered agent and title if applicable. (NOTE Regi	stered Agent signature required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2005 9. Electron Campalgn F Trust Fund Contribution	inancing \$5.00 May Be	1
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS C/TY+ST-ZIP	P GILBERT, HARLEY 262 EMERALD ACRES DR. CRAWFORDVILLE, FL 32327		U00000316616 04/19/05-80081-023 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, CHINA 3588 SPRING CREEK HWY CRAWFORDVILLE, FL 32327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCE, JEĀN 1143 JEFFRĒY RD TALLAHASSEE, FL 32312	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, CLYDE 132 APPOLOOSA RD CRAWFORDVILLE, FL 32327	IN	THIS SPACE
title Name Street address City-St-Zip	T NICHOLS, MARY 132 APPOLOOSA RD CRAWFORDVILLE, FL 32327		ارين المستقدم المستق المستقدم المستقدم ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. Thereby certify that the information supplied with this filling 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 of extraction and execute and that the clarest control of the control of t			

residence on this report of supplemental report is true and accurate and that man 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.