


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State


05-03-2005 90159 047 ****61.25

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| DOCUMENT # N41171 1. Entity Name FIRST BAPTIST CHURCH OF LAWTEY, INC. |  |
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| Principal Place of Business P O BOX 256 ADAMS ST LAWTEY, FL 32058 US | Mailing Address P O BOX 256 LAWTEY, FL 32058 US |
|---|---|

DO NOT WRITE IN THIS SPACE

40033034



04272005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3108241 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SAWYER, JOHN R
1798 ADAMS ST
LAWTEY, FL 32058

**DO NOT WRITE
IN THIS SPACE**

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 JOHN R SAWYER / John R Sawyer 4/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| 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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROSIER, ROBERT 4143 NW 233RD ST LAWTEY, FL 32058 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SELLERS, RONNIE P O BOX 1345 N/A STARKE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DELETED TYLICZKA, ROBERT M 1303 W. PRATT ST STARKE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HARDEE, STEVEN 426 NE 264TH ST LAWTEY, FL 32058 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C RALPH WISE P.O. BOX 134 / 1283 NW 236 th ST LAWTEY FL 32058 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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: John R Sawyer 4/29/05 (904) 782-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #