


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 700716
 1. Entity Name
FIRST BAPTIST CHURCH OF ELFERS, FLORIDA, INC.



Principal Place of Business 4050 REDLEAF DR PO BOX 98 ELFERS, FL 34680	Mailing Address 4050 REDLEAF DR PO BOX 98 ELFERS, FL 34680
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1359793	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARNESS, CLYTEE
 5615 WESSON RD
 NEW PORT RICHEY, FL 34655

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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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000067229 02/26/04-80048-002 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCINROY, EDWARD 3326 W JACKSON DRIVE HOLIDAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPERT, HAROLD 7611 SUMMERTREE LANE NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, FRED M. 4410 CANCELL STREET NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BROWN, THOMAS 4849 POMPANO DR NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARNESS, CLYTEE 5615 WESSON RD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUZLEWSKI, RITA PO BOX 324 ELFERS, FL 34680

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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: *Clytee Harness* CLYTEE HARNESS 727-849-6352

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #