


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

**FILED**  
**Jan 26, 2005 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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01132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  
 HARNESS, CLYTEE  
 5615 WESSON RD  
 NEW PORT RICHEY, FL 34655

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

01/26/05-80085-021 70.00

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

**DO NOT WRITE 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:** *Clytee Harness* **CLYTEE HARNESS** 1/31/05 727-849-4352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #