


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90073 011 \*\*\*\*61.25

**DOCUMENT # 700920**

1. Entity Name  
**FIRST BAPTIST CHURCH OF GULF BREEZE, INC.**



Principal Place of Business      Mailing Address  
**555 FAIRPOINT DRIVE**      **555 FAIRPOINT DRIVE**  
**GULF BREEZE FL 32561**      **GULF BREEZE FL 32561**

24007090



MOORE CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-6018377**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**REGISTER, JOHN F.**  
**1167 JAGUAR CIR**  
**GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BROWN, WILLIAM</b> <b>1182 GRAND POINTE DR</b> <b>GULF BREEZE FL 32563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>BULLA, WILLIAM B</b> <b>2963 BAY ST</b> <b>GULF BREEZE FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Delete <b>CLAY, ROBERT E</b> <b>1119 TIGER TRACE BLVD</b> <b>GULF BREEZE FL 32563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SWINDELL, JOHN</b> <b>331 ANDREWS JACKSON TR</b> <b>GULF BREEZE FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>WINDLEY, A. L.</b> <b>318 WASHINGTON AVE</b> <b>GULF BREEZE FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Richey, Thomas</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1391 CALLETTA DRIVE</b> <b>GULF BREEZE, FL 32563</b> <b>4</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rigsby, Scott</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7528 LOOP ST.</b> <b>NAVARO, FL 32566</b> <b>5</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas D. Richey      **THOMAS D. Richey**      **1-28-04**      **932-2207**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)      Date      Daytime Phone #