


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90308 011 ****61.25

DOCUMENT # 701220

1. Entity Name
THE FIRST BAPTIST CHURCH OF FOREST CITY HOLDING COMPANY, INCORPORATED



Principal Place of Business
 721 W. LAKE BRANTLEY RD.
 ALTAMONTE SPRINGS, FL 32714

Mailing Address
 721 W. LAKE BRANTLEY RD.
 ALTAMONTE SPRINGS, FL 32714



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03082004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1827387

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NARDELLI, JOYCE
 602 MOCKINGBIRD LN
 ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name **Kenneth R. Loucks**

Street Address (P.O. Box Number is Not Acceptable)
629 Dory Ln, APT 307

City **Altamonte Springs** FL Zip Code **32714**

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  **KENNETH R. LOUCKS, PASTOR** DATE **04/07/04**

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

Filing 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	D	<input type="checkbox"/> Delete
NAME	BROWN, JOHN	
STREET ADDRESS	127 INGRAM CIRCLE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGAN, CAROL	
STREET ADDRESS	655 W LAKE BRANTLEY RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WITTEKIND, ROBERT	
STREET ADDRESS	3903 GREENOCK CT	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGER, JOHN	
STREET ADDRESS	603 DEARBORN AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D CAROL BOGAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	655 W. LAKE BRANTLEY ROAD	
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32714	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **CAROL BOGAN S/D** DATE **04/15/04** DAYTIME PHONE # **407-862-7341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR