


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90002 033 ****70.00

DOCUMENT # 702451 1. Entity Name FIRST BAPTIST CHURCH OF RUSKIN, INC.																																																																																																																																												
Principal Place of Business 820 COLLEGE AVENUE WEST RUSKIN, FL 33570-4599			Mailing Address 820 COLLEGE AVENUE WEST RUSKIN, FL 33570-4599																																																																																																																																									
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																									
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Country		Country		01042005 Chg-NP CR2E037 (10/03)																																																																																																																																								
4. FEI Number 59-1466297				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																								
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																								
6. Name and Address of Current Registered Agent RUMSEY, BARRY V 102 2ND STREET N.W. RUSKIN, FL 33570			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																									
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 a registered agent.																																																																																																																																												
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																												
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																																																																																																																																								
Make check payable to Florida Department of State																																																																																																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">VD</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>LILES, LAMAR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>308 4TH AVE SW</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>RUSKIN, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>TIDWELL, BURL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>602 4TH AVENUE, SE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>RUSKIN, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>RUMSEY, BARRY V</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>102 2ND STREET N.W.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>RUSKIN, FL 33570</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> <td style="width: 15%;">Change <input type="checkbox"/></td> <td style="width: 15%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>ADDRESS</td> <td></td> <td>Change <input checked="" type="checkbox"/></td> <td>Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>1801 27TH STREET S.E.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>Change <input type="checkbox"/></td> <td>Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>Change <input type="checkbox"/></td> <td>Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	VD	Delete <input type="checkbox"/>	NAME	LILES, LAMAR		STREET ADDRESS	308 4TH AVE SW		CITY - ST - ZIP	RUSKIN, FL		TITLE	SD	Delete <input type="checkbox"/>	NAME	TIDWELL, BURL		STREET ADDRESS	602 4TH AVENUE, SE		CITY - ST - ZIP	RUSKIN, FL		TITLE	PD	Delete <input type="checkbox"/>	NAME	RUMSEY, BARRY V		STREET ADDRESS	102 2ND STREET N.W.		CITY - ST - ZIP	RUSKIN, FL 33570		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	STREET ADDRESS					CITY - ST - ZIP					TITLE	ADDRESS		Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>	NAME	1801 27TH STREET S.E.				STREET ADDRESS					CITY - ST - ZIP					TITLE			Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME					STREET ADDRESS					CITY - ST - ZIP					TITLE			Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME					STREET ADDRESS					CITY - ST - ZIP				
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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: <u>Barry Rumsey - President</u> 1-4-2005 813-645-6439 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																												

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