

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

DOCUMENT # 702485

1. Entity Name

HIGHLAND VIEW BAPTIST CHURCH, INC.



FILED
04 DEC 13 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

310 LING STREET
PORT ST JOE FL 32456
US

Mailing Address

PO BOX 82
PORT ST JOE FL 32457
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2850857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUILLOT, WALLACE
457 MARLIN STREET
PORT ST JOE FL 32456

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 Wallace Thillat

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-7-04

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 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 SD ☐ Delete
NAME LITTLE, JAMES C.
STREET ADDRESS 426 LING STREET
CITY-ST-ZIP PORT ST JOE FL

TITLE T ☐ Delete
NAME LITTLE, DEBRA J
STREET ADDRESS 613 GARRISON AVE
CITY-ST-ZIP PORT ST JOE FL

TITLE PD ☐ Delete
NAME LINDSEY, LOUIS
STREET ADDRESS 201-21ST ST
CITY-ST-ZIP PORT SAINT JOE FL 32456

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200041879262
CITY-ST-ZIP 10/14/04--01027--021 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200041879262
CITY-ST-ZIP 12/14/04--01052--004 **\$175.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Debra J. Little
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-04

Date

(850)227-1306

Daytime Phone #