2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702574

FILED Apr 07, 2004 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF NORTH PORT, FLORIDA, INC.

New Principal Place of Business: Current Principal Place of Business: 8000 DOROTHY AVE. NORTH PORT, FL 34287 **Current Mailing Address: New Mailing Address:** 8000 DOROTHY AVE NORTH PORT, FL 34287 FEI Number: 59-1548275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, DONNE F KING, MILTON 1300 N. RIVERRD. #E121 18519 BLAIR AVENUE VENICE, FL 34293 PORT CHARLOTTE, FL 33948 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. SIGNATURE: MILTON KING 04/07/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MARTON, STEPHEN Name: Name: 12322 ALTA MIREA ST. Address: Address: City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: DAVIS, DONNE F Name: DEFAZIO, JOSEPH Address: 1300 RIVER RD., #E121 Address: 376 SALT CREEK DRIVE City-St-Zip: VENICE, FL 34293 City-St-Zip: NORTH PORT, FL 34287 Title: Title: (X) Change () Addition () Delete BLEWETT, HOWARD HARIS, JOEL Name: Name: 557 BOUNDARY BLVD. Address: Address: 6902 HIKINA DRIVE City-St-Zip: ROTONDA WEST, FL 33947 City-St-Zip: NORTH PORT, FL 34287 Title: Title: (X) Change () Addition () Delete Name: REED, GLENN Name: KING, MILTON 5200 S. BISCAYNE DR Address: Address: 18519 BLAIR AVENUE City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: PORT CHARLOTTE, FL 33948 Title: () Delete Title: () Change (X) Addition SIMPSON, SANFORD Name: Name: 2161 BRUBECK ROAD Address: Address: City-St-Zip: City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH DEFAZIO D 04/07/2004