

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2005
Secretary of State**

DOCUMENT# 702969

Entity Name: THE FIRST BAPTIST CHURCH OF COLEMAN, INC.

Current Principal Place of Business:

1512 CENTRAL AVENUE
P.O. BOX 421
COLEMAN, FL 33521 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 421
1512 CENTRAL AVENUE
COLEMAN, FL 33521 US

New Mailing Address:

FEI Number: 59-2350251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAULIEU, SARAH
123 SOUTH COMMERCIAL
COLEMAN, FL 33521 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BEAULIEU, SARAH
Address: 123 S COMMERCIAL
City-St-Zip: COLEMAN, FL 33521

Title: PD () Delete
Name: WADE, FRANK,
Address: N MIZELL STREET
City-St-Zip: COLEMAN, FL

Title: T () Delete
Name: CHILDERS, DOUG
Address: 409 S. MAIN STREET
City-St-Zip: WILDWOOD, FL 34785

Title: T () Delete
Name: WYCHOFF, DAVID
Address: 3413 NE 31ST TERRACE
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SARAH BEAULIEU

TREA

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date