
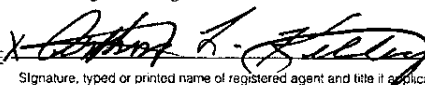
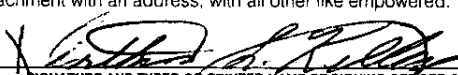


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90051 011 ****61.25

DOCUMENT # 703177-					
1. Entity Name FIRST BAPTIST CHURCH OF INVERNESS, INC.					
Principal Place of Business 123 SOUTH SEMINOLE AVENUE INVERNESS FL 34452-4735 US		Mailing Address 123 SOUTH SEMINOLE AVENUE INVERNESS FL 34452-4735 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1265586	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RADFORD, GEORGE B 6800 E. QUEENSBURY LANE INVERNESS FL 34452			7. Name and Address of New Registered Agent Name: <u>Arthur L Kelley</u> Street Address (P.O. Box Number is Not Acceptable) <u>6608 So Duval Island Dr</u> City: <u>Floral City</u> FL Zip Code <u>34436</u>		
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: 			DATE: <u>1/26/04</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADFORD, GEORGE B 6800 E. QUEENSBURY LANE INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARTHUR L KELLEY 6608 So Duval Island Dr Floral City FL 34436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SULLIVAN, JOHN D 808 W. DAMPIER STREET INVERNESS FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHN CORDWELL 4926 N Cottonwood Pt Hernando FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, CAROL B 10591 E. BALSAM INVERNESS FL 34450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINSON, WANN 2419 E. HAMPSHIRE STREET INVERNESS FL 34453-9501	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EMERY HENSLEY 8682 E Henderson Trl Inverness FL 34450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, ART 6608 S. DUVAL ISLAND DRIVE INVERNESS FL 34436-2408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD GIDDENS 7820 E Allen Dr Inverness FL 34450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOMIS, HOMER 311 HUNTING LODGE DRIVE INVERNESS FL 34450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES BATSON 2473 Hampshire St Inverness FL 34453	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			DATE: <u>1/26/04</u> 352-726-1252		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		