

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90105 006 ****61.25

DOCUMENT # 704028
1. Entity Name
FIRST BAPTIST CHURCH OF COTTONDALE, INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 128 POST OFFICE BOX 128
MAIN AND PARK STREET MAIN AND PARK STREET
COTTONDALE FL 32431 COTTONDALE FL 32431

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2326155** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DIESNER, BRUCE
2886 BUTTERCUP LANE
COTTONDALE FL 32431

7. Name and Address of New Registered Agent
Name **Gainer Comerford**
Street Address (P.O. Box Number is Not Acceptable)
2656 Henderson Road
City **Cottondale** FL Zip Code **32431**

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 *W. Sapp* DATE **3/15/2005**
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, 2005

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	DC	<input type="checkbox"/> Delete
NAME	TATE, DANNY	
STREET ADDRESS	1678 PENNY RD.	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVES, DOYLE	
STREET ADDRESS	3188 MAIN STREET	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMERFORD, GAINER	
STREET ADDRESS	2656 HENDERSON RD.	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, MIKE	
STREET ADDRESS	1978 BRAXTON RD.	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIESNER, BRUCE	
STREET ADDRESS	2886 BUTTERCUP LANE	
CITY-ST-ZIP	COTTONDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAPP, WALLACE E	
STREET ADDRESS	195 COMPASS LAKE DRIVE	
CITY-ST-ZIP	ALFORD FL 32420	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *W. Sapp* DATE: **3/15/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #