

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 704189

1. Entity Name
FIRST BAPTIST CHURCH OF OZONA-PALM HARBOR,
INC.



Principal Place of Business
610 PENNSYLVANIA AVE
P.O. BOX 338
OZONA, FL 34660

Mailing Address
610 PENNSYLVANIA AVE
P.O. BOX 338
OZONA, FL 34660

DO NOT WRITE IN THIS SPACE



04202005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2125607

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRK, DOUGLAS
610 PENNSYLVANIA AVE
OZONA, FL 34660

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IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

110000030001
04/25/05-80171-010 \$1.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
SUMMERS, BILL
4378 WORTHINGTON CIRCLE
PALM HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
KIRK, DOUGLAS
613 PENNSYLVANIA AVE
PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
STAMBAUGH, MICHAEL
509 ULELAH AVE
PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
PEEPLES, DAVID
9 HAIG PL #702
DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE

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: Douglas Kirk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05
Date

727-781-8042
Daytime Phone #