

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 704573

1. Entity Name
FIRST BAPTIST CHURCH OF NOCATEE, INC.



Principal Place of Business

HWY 17 SO.
BOX 447
NOCATEE, FL 34268 US

Mailing Address

HWY 17 SO.
BOX 447
NOCATEE, FL 34268 US



04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 59-2338370 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WILSON, LESLIE R
NEVERSAIL AVE
NOCATEE, FL 34268

**DO NOT WRITE
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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | T |
| NAME | WILSON, MARY A |
| STREET ADDRESS | NEVERSAIL AVE |
| CITY-ST-ZIP | NOCATEE, FL 34268 |
| TITLE | D |
| NAME | WILSON, LESLIE R |
| STREET ADDRESS | NEVERSAIL AVE |
| CITY-ST-ZIP | NOCATEE, FL 34268 |
| TITLE | D |
| NAME | MCCALL, FRANCIS E |
| STREET ADDRESS | 760 LAKE JUNE RD |
| CITY-ST-ZIP | LAKE PLACID, FL 33862 |
| TITLE | D |
| NAME | MOTT, BRUCE A |
| STREET ADDRESS | LANGFORD ST |
| CITY-ST-ZIP | ARCADIA, FL 34266 |
| TITLE | D |
| NAME | CAPENTER, TIM |
| STREET ADDRESS | CARLTON ROAD |
| CITY-ST-ZIP | NOCATEE, FL 34268 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/25/05-80044-004 70.00

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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: *Mary Ann Wilson* *Mary Ann Wilson* *4/20/05* *863-494-1832*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #