


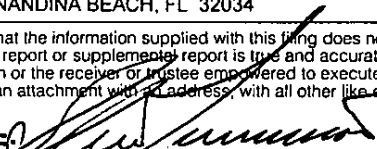
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90220 001 \*\*\*\*61.25  
 04-06-2005 90220 002 \*\*\*\*\*8.75

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DOCUMENT # 704711			
1. Entity Name FIRST BAPTIST CHURCH OF FERNANDINA, FLORIDA			
Principal Place of Business 416 ALACHUA STREET POST OFFICE BOX 1099 FERNANDINA BEACH, FL 32035 US		Mailing Address 416 ALACHUA STREET POST OFFICE BOX 1099 FERNANDINA BEACH, FL 32035 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03142005		Chg-NP	CR2E037 (10/03)
4. FEI Number 59-0931262		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKHAM, DAVID H. 416 ALACHUA STREET FERNANDINA BEACH, FL 32034		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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	T Delete <input checked="" type="checkbox"/>	TITLE	T Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	CREWS, RON	NAME	LEE, GAIL
STREET ADDRESS	4910 GENOA DR	STREET ADDRESS	702 BONNIE VIEW RD
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	T Delete <input type="checkbox"/>	TITLE	
NAME	QUARTERMAN, JIM	NAME	
STREET ADDRESS	70 GREEN HERON WAY	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	
TITLE	T Delete <input type="checkbox"/>	TITLE	
NAME	GOODING, JOSEPH	NAME	
STREET ADDRESS	108 SOUTH 20TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	
TITLE	T Delete <input type="checkbox"/>	TITLE	
NAME	BRADDOCK, TOM	NAME	
STREET ADDRESS	1628 SOUTH FLETCHER AVE.	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	
TITLE	T Delete <input checked="" type="checkbox"/>	TITLE	T Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	GARNER, DAVID TOD	NAME	SIMMONS, STEVE
STREET ADDRESS	5205 LEEWARD COVE	STREET ADDRESS	1822 HIGHLAND DR
CITY-ST-ZIP	FERNANDINA BEACH, FL	CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	S Delete <input checked="" type="checkbox"/>	TITLE	T Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	BECKHAM, DAVID H.	NAME	RODEFFER, HENRY
STREET ADDRESS	416 ALACHUA STREET	STREET ADDRESS	1706 PARK AVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	FERNANDINA BEACH FL 32034
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 3/31/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 904-261-3617	