


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 704736 1. Entity Name FIRST BAPTIST CHURCH OF PINE CASTLE, FLORIDA, INC.	
-------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business FLORIDA, INC. 1001 HOFFNER AVENUE ORLANDO, FL 32809	Mailing Address FLORIDA, INC. 1001 HOFFNER AVENUE ORLANDO, FL 32809
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0799915	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent BURKHALTER, DR. WILLIAM 1001 HOFFNER AVENUE ORLANDO, FL 32809

**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, 2004**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, TOM 2418 LANDO LANE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOULTON, JOANN 2938 LAKE PINELOCH BLVD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD KEY, REV GEORGE T 3800 WYLDWOODE LANE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELOON, WALT N 6109 MATCHETTE RD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMS, AL 5617 PALMWOOD CIRCLE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000002330
01/13/04-80010-001 61.25

**DO NOT WRITE
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:  Jan. 6, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #