


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 704736</b>	
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
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01302005 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"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BURKHALTER, DR. WILLIAM 1001 HOFFNER AVENUE ORLANDO, FL 32809
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 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	

<p>1000000219137 02/08/05-80015-018 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** William D. Burkhalter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 31, 2005 407.855.4741  
Date Daytime Phone #