


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 705913
 1. Entity Name
IVES DAIRY ROAD BAPTIST CHURCH, INC.



Principal Place of Business 1121 NE 205TH TERRACE N MIAMI BCH, FL 33179-2645 US	Mailing Address 1121 NE 205TH TERRACE N MIAMI BCH, FL 33179-2645 US
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04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1219136	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

HEDDEN, JAMES E
 20325 NE 13TH COURT
 N. MIAMI BCH, FL 33179

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SD WHITAKER, JAMES 17240 NW 51 PLACE OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEDDEN, JAMES E 20325 NE 13TH CT. N. MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KNIGHT, ROBERT D 49 NE 108TH STREET MIAMI SHORES, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000332658
 04/25/05-80067-001 61.25

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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)(f), 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: James Whitaker **JAMES WHITAKER** 04-20-05 305-651-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #