2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2004 08:00 AM Secretary of State

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 Entity Name GOLDENROD BAPTIST CHURCH, INC.



Principal Place of Business

3500 N GOLDENROD RD WINTER PARK, FL 32792 Mailing Address

3500 N GOLDENROD RD WINTER PARK, FL 32792



DO NOT WRITE IN THIS SPACE 02172004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-1818599 Applied For Not Applicable

5. Certificate of Status Desired

MAR 9TH

2004

407-275-3220

Daytma Phone #

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIGHTMAN, GEORGE 221 MADERIA CT ORLANDO, FL 32825

SIGNATURE:

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 site	s Lappicable (NOTE, Registered	Agent signature	required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finant Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	U00000095668 03/24/04-80043-024 61.25			
10.	OFFICERS AND DIRE	CTORS		· · · · · · · · · · · · · · · · · · ·				
TITLE NAME STREET ADDRESS CITY ST ZIP	TR GRESS, RONALD E 2209 WEST FALL DR. ORLANDO, FL 32817				. .			
TITLE NAME STREET ADDRESS CITY-ST ZIP	P POTTER, RONALD 1164 DODD ROAD WINTER PARK, FL							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR WEIGHTMAN, GEORGE 221 MADERIA CT. ORLANDO, FL 32825			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTLEY, VIRGINIA 1960 WESTBOURNE DR OVIEDO, FL 32765		IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY - ST - ZIP								
TIFLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby indicated of the co changed	certify that the information supplied with this on this report or supplemental report it true poration or the receiver or truste emprowers , or on an attachment with an address, with a	filing does not qualify for the exer and accurate and that my signated to execute this report as requiral other like empowered.	nption state ure shall ha ed by Chap	ed in Section 119.07(3), we the same legal effector 617, Florida Statute	(i) Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 13 if			

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR