


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90021 019 \*\*\*\*70.00

|   |                     |  |   |   |  |
|---|---------------------|--|---|---|--|
| <b>DOCUMENT # 706320</b><br>1. Entity Name<br><b>SPRINGHEAD BAPTIST CHURCH INC</b>  |                     |  |   |    |  |
| Principal Place of Business<br><b>3106 S. WIGGINS RD.<br/>PLANT CITY FL 33566</b>   |                     |  | Mailing Address<br><b>3106 S. WIGGINS RD.<br/>PLANT CITY FL 33566</b> |   |  |
| 2. Principal Place of Business  |                     | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |                     | Suite, Apt. #, etc.  |   |   |  |
| City & State  |                     | City & State   |   |   |  |
| Zip   | Country             | Zip  | Country   | 4. FEI Number <b>59-0970776</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                     |  |   | 6. Name and Address of Current Registered Agent<br><br><b>GRESHAM, JANICE<br/>3401 E. MIDWAY RD.<br/>PLANT CITY FL 33566</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                     |  |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b><br><b>Make Check Payable to Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                     |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>          |   |  |
| TITLE   | D                   | Delete <input checked="" type="checkbox"/>                                       | TITLE   | D   | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME  | HAWKINS, VANNIS     |  | NAME  | Harvey, Hans  |  |
| STREET ADDRESS  | 3006 S WIGGINS      |  | STREET ADDRESS  | 3406 S. Wiggins Rd  |  |
| CITY-ST-ZIP   | PLANT CITY FL 33506 |  | CITY-ST-ZIP   | Plant City, FL 33566  |  |
| TITLE   | C                   | Delete <input type="checkbox"/>  | TITLE   |   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
| NAME  | PADGETT, WILLIAM B  |  | NAME  |   |  |
| STREET ADDRESS  | 3106 S. WIGGINS RD. |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | PLANT CITY FL       |  | CITY-ST-ZIP   |   |  |
| TITLE   | D                   | Delete <input type="checkbox"/>  | TITLE   |   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
| NAME  | MCDOWELL, WAYNE     |  | NAME  |   |  |
| STREET ADDRESS  | 3106 S. WIGGINS RD  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | PLANT CITY FL 33566 |  | CITY-ST-ZIP   |   |  |
| TITLE   | D                   | Delete <input checked="" type="checkbox"/>                                       | TITLE   | D   | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME  | STEWART, HENRY      |  | NAME  | Southernland, Roy   |  |
| STREET ADDRESS  | 3106 S. WIGGINS RD  |  | STREET ADDRESS  | 3106 S. Wiggins Rd  |  |
| CITY-ST-ZIP   | PLANT CITY FL 33566 |  | CITY-ST-ZIP   | Plant City, FL 33566  |  |
| TITLE   | D                   | Delete <input type="checkbox"/>  | TITLE   |   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
| NAME  | WILLIS, DAVID       |  | NAME  |   |  |
| STREET ADDRESS  | 3106 S. WIGGINS RD. |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | PLANT CITY FL 33566 |  | CITY-ST-ZIP   |   |  |
| TITLE   | D                   | Delete <input checked="" type="checkbox"/>                                       | TITLE   | D   | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME  | PADGETT, HERBERT    |  | NAME  | Stratton, Delmar  |  |
| STREET ADDRESS  | 3106 S WIGGINS RD   |  | STREET ADDRESS  | 3106 S. Wiggins Rd  |  |
| CITY-ST-ZIP   | PLANT CITY FL 33566 |  | CITY-ST-ZIP   | Plant City, FL 33566  |  |
| 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. |                     |  |   |   |  |
| <b>SIGNATURE:</b> <u>William B. Padgett</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                     |  | 2-17-04 813-752-6809<br><small>Date Daytime Phone #</small>           |   |  |



MOORE CR2E037 (11/03)