

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 706956

1. Entity Name
THE FELLOWSHIP BAPTIST CHURCH OF AVON PARK,
INC.



Principal Place of Business
C/O REV. MICHAEL ROBERTS
1000 WEST THOMAS ST
AVON PARK, FL 33825 US

Mailing Address
C/O REV. MICHAEL ROBERTS
1000 WEST THOMAS ST
AVON PARK, FL 33825 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
700 MAXWELL ST

Suite, Apt. #, etc.
700 MAXWELL ST

City & State

City & State

03092005 Chg-NP CR2E037 (10/03)

Zip

Country

Zip

Country

4. FEI Number
59-1902448

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, MICHAEL
24 N. HIGHLANDS AVE
AVON PK, FL 33825

Name

Street Address (P.O. Box Number is Not Acceptable)
24 A MIRACLE AVE

City

FL 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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, MICHAEL 24 N. HIGHLANDS AVE. AVON PK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24 A MIRACLE AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDER, PEGGY 1475 N HARTMAN RD AVON PARK, FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1475 MYSTIC RD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, BILL 2200 N DEVCO RD AVON PARK, FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALGREEN, EDWARD 2073 N. OLIVIA DR. AVON PARK, FL 00000.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Michael W. Roberts
SIGNATURE: **Michael W. Roberts**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-05 863-453-4256

Date

Daytime Phone #

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90156 001 ****61.25

03-30-2005 90156 002 ****8.75