



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-30-2005 90156 001 ****61.25
03-30-2005 90156 002 *****8.75

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 Suite, Apt. #, etc. 700 MAXWELL ST		3. Mailing Address Suite, Apt. #, etc. 700 MAXWELL ST			
City & State 		City & State 		03092005 Chg-NP CR2E037 (10/03)	
Zip 		Zip 		4. FEI Number 59-1902448	
Country 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, MICHAEL 24 N. HIGHLANDS AVE AVON PK, FL 33825			7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right; border: 1px solid black; padding: 2px;"> Make check payable to: Florida Department of State </div>					
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.					
SIGNATURE: <i>Michael W. Roberts</i> Michael W. Roberts			3-28-05 863-453-4256 Daytime Phone #		