


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 707013 1. Entity Name FIRST BAPTIST CHURCH OF ALTAMONTE SPRINGS, INC.	
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Principal Place of Business 900 NORTH STREET LONGWOOD, FL 33750 US	Mailing Address 900 NORTH STREET LONGWOOD, FL 33750 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1058147	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAMSEUR, FRANK
 210 COLONIAL LANE
 LONGWOOD, FL 32750**

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

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	PD RAMSEUR, FRANK 210 COLONIAL LANE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HENLEY, CARLTON 1627 ORLANDO AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BANNISTER, ERROL J 1825 SILVER VALLEY COURT APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KNIGHT, THOMAS E 749 LITTLE WEKIVA CIR ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/16/04-80052-008 70.00

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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:  **407-383-3368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #