


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

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 707013**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF ALTAMONTE SPRINGS, INC.**



Principal Place of Business      Mailing Address  
**900 NORTH STREET**      **900 NORTH STREET**  
**LONGWOOD, FL 33750 US**      **LONGWOOD, FL 33750 US**

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1058147**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RAMSEUR, FRANK**  
**210 COLONIAL LANE**  
**LONGWOOD, FL 32750**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

000000315065  
 04/19/05-80020-011 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:**  **4-3-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #