
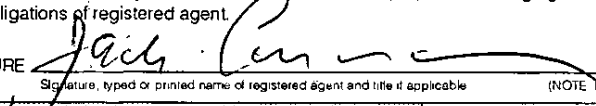
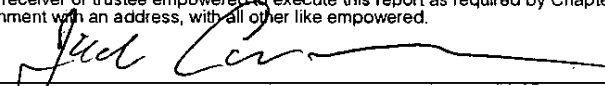


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90320 036 ****61.25

DOCUMENT # 707296					
1. Entity Name FIRST BAPTIST CHURCH WINTER HAVEN FLORIDA					
Principal Place of Business 198 WEST CENTRAL AVE WINTER HAVEN FL 33880		Mailing Address 198 WEST CENTRAL AVE WINTER HAVEN FL 33880			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0766974	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
1st MOORE		CR2E037 (10/04)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRIMSLEY, BILL 711 AVE T SE WINTER HAVEN FL 33880			Name Jack Cannon		
			Street Address (P.O. Box Number is Not Acceptable)		
			1014 Edgewater Dr City Winter Haven FL Zip Code 33884		
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		DATE 4/21/05	
FILE NOW: 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	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CLARK, MARY		STREET ADDRESS	Cannon, Jack	
CITY-ST-ZIP	329 WALDORF DRIVE		CITY-ST-ZIP	1014 Edgewater Dr	
	AUBURNDALE FL 33823			Winter Haven - FL - 33884	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIMSLEY, BILL		NAME	Threlkeld, cliff	
STREET ADDRESS	711 AVE T SE		STREET ADDRESS	1324 E Lake Cannon Dr. NW	
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, RALPH		NAME	Memillan, Ralph	
STREET ADDRESS	57 MORNINGSIDE RD., N.E.		STREET ADDRESS	57 Morning Side Rd., NE	
CITY-ST-ZIP	WINTER HAVEN FL		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEIGS, DENNIS		NAME	Harper, Bud (Eugene)	
STREET ADDRESS	812 22ND STREET NW		STREET ADDRESS	2609 Crest Dr.	
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP	Heines City FL 33844	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Date 4/21/05		Daytime Phone # 863-294-4133	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					