2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: MICHAEL WYATT

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # 707771** 1. Entity Name 04-26-2004 90992 012 ****61.25 THE FIRST BAPTIST CHURCH OF DOVER, INC. Principal Place of Business Mailing Address 3223 N. GALLAGHER RD. DOVER FL 33527 3223 N. GALLAGHER RD. DOVER FL 33527 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-0794392 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael Wyatt SATMARY, ANDREW 1910 SYDNEY DOVER DOVER FL 33527 Street Address (P.O. Box Number & Not Acceptable) Zip Code **3352**り 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 r Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITE F Change Change ☐ Addition MONTGOMERY, DAVID MAME 611 BEVERLY DR. STREET ADDRESS STREET ADDRESS BRANDON FL 33510 CITY-ST-ZIP CITY-ST-ZIP Addition X Delete TITLE ☐ Change THILE Glenn Schneider ENGLISH, RODNEY NAME MAME 2011 Kiser Drive 14011 GADIN RD STREET ADDRESS STREET ADDRESS DOVER FL 33527 Valrico, FL 33594 CITY-ST-ZIP CITY-ST-ZIP [] Change Addition X Delete TITI F TITLE Russele Bryant 2058 S. Gollogher Road DONAGHY, GEORGE NAME NAME 11107 LAKE SASSA DR STREET ADDRESS STREET ADDRESS THONOTOSASSA FL 33592 Dover, FL 33527 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED