2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90022 007 ****70.00

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01152004 Chg-NP CR2E037 (10/03)

DOCUMENT # 708933

1. Entity Name
PLYMOUTH BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
W. HIGHWAY 424 P.O. BOX 476 PLYMOUTH, FL 32768-0476	W. HIGHWAY 424 P.O. BOX 476 PLYMOUTH, FL 32768-0476

2. Principal Place of Business	3. Mailing Address
2434B Old Dixie HWY Suite, Apt. #, etc.	2434B Old Dixie HWY Suite, Apt. #, etc.
City & State: Apopka, Florida	City & State: Apopka, Florida
Zip: 32712 Country:	Zip: 32712 Country:

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLEYHORN, JAMES D P. O. BOX 98 LAKE ANNIE DRIVE #425 PLYMOUTH, FL 32768	Name: Grace Hahne Street Address (P.O. Box Number is Not Acceptable): 3800 W. Orange Blossom Trail City: Apopka FL Zip Code: 32712

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: Grace J. Hahne 3-14-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / STREET ADDRESS / CITY-ST-ZIP	C HALL, TRACEY 6325 LAKE LORLA DR APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hull, Tracy 6325 Lake Lerla Drive Apopka, Florida 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT CLEGHORN, JAMES D. LAKE ANNIE DR. #425 PLYMOUTH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Kemp, Woodrow 1632 Trumbro, Street Winter Garden, Florida, 34787	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLEGHORN, LILLIAN P.O. BOX 98 N/A PLYMOUTH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Owens, Ruth 153 W. Ponkan Road Apopka, Florida, 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC KEMP, MELODY 1632 S TRUMBRO ST WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Bressman, Peggy 2611 Tamera Court Apopka, Florida, 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROACH, ROBERT 737 KENNE ROAD APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Charnow, Philip 1405 Harvey, Circle Apopka, Florida, 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, RANDY 576 S MISLAND AVE APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A	☒ Change ☐ 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: Tracy Hull 3/14/04 407-889-3358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #