


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90051 016 \*\*\*\*70.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # 708933</b><br>1. Entity Name<br>PLYMOUTH BAPTIST CHURCH, INC.   |  |   |   |    |  |
| Principal Place of Business<br>2434B OLD DIXIE HWY.<br>APOPKA, FL 32712   |  |   |   | Mailing Address<br>2434B OLD DIXIE HWY.<br>APOPKA, FL 32712   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   |   |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent   |  |   |   | 7. Name and Address of New Registered Agent   |  |
| HAHNE, GRACE<br>3800 W ORANGE BLOSSOM TRL.<br>APOPKA, FL 32712  |  |   |   | Name <u>Mary Hawkins</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>581 oval Court</u><br>City <u>Apopka</u> FL <u>32703</u> |  |
| 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 <u>Mary E Hawkins</u> <span style="float: right;">4-10-05</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |   |  |
| <b>Filing Fee Is \$61.25</b><br><b>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>HULL, TRACY<br>6325 LAKE LORLA DR<br>APOPKA, FL 32712        | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>KEMP, WOODROW<br>1632 TRUMBRO ST.<br>WINTER GARDEN, FL 34787 | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>OWENS, RUTH<br>153 W POKAN RD.<br>APOPKA, FL 32712           | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>BRESSMAN, PEGGY<br>2611 TAMARA COURT<br>APOPKA, FL 32712      | <input checked="" type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>CHARNOW, PHILIP<br>1405 HARVEY CIRCLE<br>APOPKA, FL 32712     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BROWN, RANDY<br>576 S MISLAND AVE<br>APOPKA, FL 32703         | <input checked="" type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>OWENS, RUTH<br>153 W. POKAN RD.<br>APOPKA FL 32712            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>H. Faye Hull<br>6325 Lake Lorla Dr.<br>APOPKA FL 32712       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Philip D Charnow</u> <span style="float: right;">4-10-05</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |   |  |