2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709103

FILED Aug 16, 2004 Secretary of State

Entity Name: THE FIRST BAPTIST CHURCH OF ODESSA, INC.

Current Principal Place of Business: New Principal Place of Business: 1234 GUNN HWY ODESSA, FL 335569303 **Current Mailing Address: New Mailing Address:** 1234 GUNN HWY ODESSA, FL 335569303 FEI Number: 59-2034069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEPHENS, LOUIS 19460 ANGÉL LANE ODESSA, FL 33556 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: TRD () Delete (X) Change () Addition GASKINS, WILLIAM, SCOTT. TERRY Name: Name: Address: 14721 ALBERTON LN Address: 1415 WINDING WILLOW City-St-Zip: ODESSA, FL City-St-Zip: NEW PORT RICHEY, FL 34655 Title: Title: (X) Change () Addition () Delete STEPHENS, LIGIA, STEPHENS, LIGIA Name: Name: Address: 19460 ANGEL LANE Address: 19460 ANGEL LANE City-St-Zip: ODESSA, FL City-St-Zip: ODESSA, FL 33556 Title: () Delete Title: () Change () Addition MARTINEZ, JULIE Name: Name: 4502 NEW DAWN CT Address: Address: City-St-Zip: LUTZ. FL 33549 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: PAULSEN, MARIA E 18093 SAILFISH DRIVE Address: Address: City-St-Zip: City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA E. PAULSEN T 08/16/2004