

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709924

FILED
Jan 14, 2004
Secretary of State**Entity Name:** FIRST BAPTIST CHURCH OF HAINES CITY, INC.**Current Principal Place of Business:**2250 STATE ROAD 17 SOUTH
HAINES CITY, FL 33844**New Principal Place of Business:****Current Mailing Address:**2250 STATE ROAD 17 SOUTH
HAINES CITY, FL 33844**New Mailing Address:****FEI Number:** 59-6159644 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HINKLE, WILLIAM
2808 SEQUOYAH DR
HAINES CITY, FL 338440772 US**Name and Address of New Registered Agent:**

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:****Title:** TDS () Delete
Name: HINKLE, WILLIAM
Address: 415 DYSON RD.
City-St-Zip: HAINES CITY, FL 338440772**Title:** D () Delete
Name: JORDAN, BILL
Address: 320 LAKE ELSIE DR.
City-St-Zip: HAINES CITY, FL 33844**Title:** D () Delete
Name: SHYTLE, JAMES
Address: 960 S. LAKE ELBERT DR.
City-St-Zip: WINTER HAVEN, FL 33880**Title:** D () Delete
Name: MAIDEN, DON
Address: 3572 PINE TREE LOOP
City-St-Zip: HAINES CITY, FL 33844**Title:** P () Delete
Name: SHEEK, TOM R
Address: 92 PINE FOREST LANE
City-St-Zip: HAINES CITY, FL 33844**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM HINKLE

TDS

01/14/2004

Electronic Signature of Signing Officer or Director_____
Date