


**2004 NOT-FOR-PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 710901 1. Entity Name WEST BONIFAY BAPTIST CHURCH, INC. BONIFAY, FLORIDA	
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Principal Place of Business 609 W INDIANA AVE BONIFAY, FL 32425 US	Mailing Address 609 W INDIANA AVE BONIFAY, FL 32425 US
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2347973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIDDLEBROOKS, A.E.
1410 N. WANKESHA STREET
BONIFAY, FL 32425

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000055631
02/18/04-80810-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWELL, LESTER 2246 GATOR LANE BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLEBROOKS, A E 1410 N WAUKESHA ST BONIFAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANDER 3126 ANDER BROWN LANE BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: A. E. Middlebrooks A. E. Middlebrooks 2/10/04 850-547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 3478