


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 710901
 Entity Name
WEST BONIFAY BAPTIST CHURCH, INC. BONIFAY, FLORIDA



Principal Place of Business Mailing Address
609 W INDIANA AVE **609 W INDIANA AVE**
BONIFAY, FL 32425 US **BONIFAY, FL 32425 US**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number **58-2347973** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 *A.E. Middlebrooks* **A E Middlebrooks** **1-12-05**
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, 2005

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

10. OFFICERS AND DIRECTORS

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

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 01/20/05-R0006-019 61.25

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 *A.E. Middlebrooks* **A E Middlebrooks** **1-12-05** **850-547-3478**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #