


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90036 027 ****61.25

DOCUMENT # 711287 1. Entity Name FORT KING BAPTIST CHURCH, INC.	
---	---

Principal Place of Business 911 N.E. 8TH AVENUE OCALA FL 32670	Mailing Address 911 N.E. 8TH AVENUE OCALA FL 32670
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent NELREA 1950 SW 4TH AVE OCALA FL 32674	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____
--	---

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input type="checkbox"/> Delete NAME MARKHAM, HENRY W. STREET ADDRESS 2101 N.E. 49TH ST. CITY-ST-ZIP OCALA FL		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE C <input type="checkbox"/> Delete NAME WESSNER, ROSETTA STREET ADDRESS 4260 SE 62ST STREET CITY-ST-ZIP OCALA, FL 0		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE D <input type="checkbox"/> Delete NAME BRYANT, JOYCE STREET ADDRESS 1269 E S S BLVD. CITY-ST-ZIP OCALA, FL 0		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE TD <input type="checkbox"/> Delete NAME BURRY, NELREA STREET ADDRESS 1950 SW 4TH AVE CITY-ST-ZIP OCALA FL		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME TD BURRY, NELREA STREET ADDRESS 5180 N.W. 191 PL. CITY-ST-ZIP ORANGE LAKE, FL 32681	
TITLE D <input type="checkbox"/> Delete NAME FLOSSIE, KEEL STREET ADDRESS 300 SW 19TH ST CITY-ST-ZIP OCALA, FL 00000		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	

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: Nelrea Burry Nelrea Burry 2-28-04 352-591-1896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #