## **2004 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## FILED Jan 20, 2004 8:00 am

| OCUMENT # 711597  Entity Name IRST BAPTIST CHURCH OF AURANTIA, INC.  |   |                                       | · I                                   | <b>y 01 State</b><br>156 035 ****61.25 |
|--|---|---------------------------------------|---------------------------------------|--|
| Principal Place of Business<br>3953 FAIRFAX DRIVE<br>MIMS, FL 32754-0096   | Mailing Address<br>PO BOX 96<br>MIMS, FL 32754-0096 |                                       |                                       |  |
| 2. Principal Place of Business 3953 FAIRFAX DR.  3. Mailing Address P.o./3ax 96  |   |                                       |                                       |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |   | 01122004 Chg-NP CR                    | 2E037 (10/03)                         |  |
| Mims, Florida  | ns, HORIda Mims, Florida                            |                                       | 4. FEI Number 59-2349256              | Applied For Not Applicable             |
| 32754 Brevard  | Zip<br>32754 /3                                     | 3 Country<br>BREVARD                  | 5. Certificate of Status Desired      | \$8.75 Additional<br>Fee Required      |
| 6. Name and Address of Current   | Registered Agent                                    | Name                                  | 7. Name and Address of New Registr    | ered Agent                             |
| LUCIER, MARY   |   |                                       | s (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. Lam familiar with, and accept  |   |                                       |                                       |  |
| the obligations of registered agent.  SIGNATURE  Signature, typed or printing name of registered agent and idle if applicable. (NOTE: Registered Agent signature required when renstating)  DATE   |   |                                       |                                       |  |
| Filing Fee is \$61.25  | 9. Election Camp<br>Trust Fund Cor                  | aign Financing                        | \$5.00 May Be Make c                  | heck payable to                        |
| 10. OFFICERS AND DIF   | RECTORS   | 11.                                   | ADDITIONS/CHANGES TO OFFICERS AN      |  |
| NAME AVERILL, TOM  | ☐ Delete  | TITLE ""                              | 4.34.0                                | Change Addition                        |
| STREET ADDRESS 3941 SERLINE STREET CITY-ST-ZIP MIMS, FL 32754  |   | STREET ADDRESS CITY-ST-ZIP            |                                       |  |
| TITLE VD   | ☐ Delete  | TITLE                                 |                                       | ☐ Change ☐ Addition                    |
| NAME MCLENDON, CYRIL STREET ADDRESS 3542 ELLIS LANE  | :   | NAME<br>STREET ADDRESS                | -                                     |  |
| CITY-ST-ZIP MIMS, FL 32754   |   | CITY-ST-ZIP                           |                                       |  |
| TITLE SD NAME LUCIER, MARY   | ☐ Delete  | TITLE<br>NAME                         |                                       | Change Addition                        |
| STREET ADDRESS 4965 HARRISON RD. CITY-ST-ZP MIMS, FL 32754   |   | STREET ADDRESS<br>City-St-Zip         |                                       |  |
| TITLE T  | Delete  | TITLE                                 | <del></del>                           | Change Addition                        |
| NAME JOHNSTON, VIRGINIA A STREET ADDRESS 5720 SEMINOLE ST.   |   | NAME<br>Street address                |                                       | ,                                      |
| CITY-SI-ZIP SCOTTSMOOR, FL 32755   |   | CITY-ST-ZIP                           |                                       |  |
| TITLE :  | ☐ Delete  | TITLE<br>NAME                         | •                                     | ☐ Change ☐ Addition                    |
| STREET ADDRESS CITY-ST-ZIP   |   | STREET AODRESS<br>CATY-ST-ZIP         |                                       |  |
| TITLE NAME   | ☐ Delete  | TITLE                                 |                                       | ☐ Change ☐ Addition                    |
| STREET ADDRESS CITY-ST-ZIP   |   | NAME<br>Street address<br>City-St-Zip | •                                     |  |
| 12. I hereby certify that the information supplied with this filling 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 gither like empowered.  |   |                                       |                                       |  |
| SIGNATURE: Is unia a. Jahnston VIRGINIA A. Johnston 01/12/04 321-269-1618  SIGNATURE: Designation of PRINTED AND OFFICER OF DIRECTOR TREASURER Designation Designation of D |   |                                       |                                       |  |