


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90034 045 \*\*\*\*61.25

**DOCUMENT # 711597**

1. Entity Name  
**FIRST BAPTIST CHURCH OF AURANTIA, INC.**



Principal Place of Business  
**3953 FAIRFAX DRIVE  
 MIMS, FL 32754-0096**

Mailing Address  
**PO BOX 96  
 MIMS, FL 32754-0096**

50003906



2. Principal Place of Business  
**3953 Fairfax Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 96**  
 Suite, Apt. #, etc.

0112005 Chg-NP CR2E037 (10/03)

City & State  
**Mims, Florida**

City & State  
**Mims, Florida**

Zip  
**32754** Country  
**BREVARD**

Zip  
**32754** Country  
**BREVARD**

4. FEI Number  
**59-2349256** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:

**LUCIER, MARY  
 4965 HARRISON RD  
 MIAMI, FL 32754**

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 Mary Lucier DATE 1-13-05

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVERILL, JOM 3941 SERLINE STREET MIMS, FL 32754	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCLENDON, CYRIL 3542 ELLIS LANE MIMS, FL 32754	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCIER, MARY 4965 HARRISON RD. MIMS, FL 32754	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSTON, VIRGINIA A 5720 SEMINOLE ST. SCOTTSMOOR, FL 32755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Virginia A. Johnston Virginia A. Johnston 01/14/05 321-269-1618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**TREASURER**