

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

Amended

FILED

05 NOV -7 PM 8:55

SECRETARY OF STATE -
TALLAHASSEE, FLORIDA



05262005 Chg-NP CR2E037 (10/03)

DOCUMENT # 711651		
1. Entity Name FIRST BAPTIST CHURCH OF FLORIDA CITY, INC.		
Principal Place of Business 101 SW REDLAND ROAD ATTN: JOHN HORBELT FLORIDA CITY, FL 33034		Mailing Address 101 SW REDLAND ROAD ATTN: JOHN HORBELT FLORIDA CITY, FL 33034
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
4. FEI Number 59-1051721		Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
HORBELT, JOHN REV 14658 SW 139TH PL MIAMI, FL 33186		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: <i>Re: John Horbelt</i>		DATE: 10-17-05
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	TD HEATH, DONNA 18720 SW 349TH STREET HOMESTEAD, FL 33034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		TD HAMMOND, MARLENE 451 SE 8TH ST LOT 75 HOMESTEAD, FL 33030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORBELT, JOHN REV 14658 SW 139TH PL MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		PD BENNETT, RICHARD 1700 NW 105 ST MIAMI SHORES, FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		P. BOWENS, ULLS 560 NW 3RD ST ROSELAND CITY, FL 33031 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		D. HORBELT, JOHN 17530 SW 192 CT CIR MIAMI, FL 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		300061220523 11/07/05--01063--005 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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: <i>Re: John Horbelt</i>		DATE: 10-17-05
Signature and typed or printed name of signing officer or director		Phone: 305-247-4511