

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711730

FILED
Mar 22, 2005
Secretary of State

Entity Name: WEST THONOTOSASSA BAPTIST CHURCH, INC.

Current Principal Place of Business:

10625 FIRST ST
P.O. BOX 277
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

10625 FIRST ST
P.O. BOX 277
THONOTOSASSA, FL 33592

New Mailing Address:

FEI Number: 05-0094600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTER, MARY E
11721 HWY 579
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEXTON, HAL D
Address: P.O. BOX 277
City-St-Zip: THONOTOSASSA, FL 33592

Title: T () Delete
Name: CROSSON, CAROL
Address: P.O. BOX 277
City-St-Zip: THONOTOSASSA, FL 33592

Title: VD () Delete
Name: MCCARTER, JAMES,
Address: 11721 HWY. 579
City-St-Zip: THONOTOSASSA, FL 33592

Title: S () Delete
Name: MCCARTER, MARY E.,
Address: 11721 HWY 579
City-St-Zip: THONOTOSASSA, FL 33592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ROMANS, PEARL
Address: P.O. BOX 277
City-St-Zip: THONOTOSASSA, FL 33592

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL DOUGLAS SEXTON

PD

03/22/2005

Electronic Signature of Signing Officer or Director

Date