


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

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 712265**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF EDGEWATER, INC.**



Principal Place of Business 130 EAST PARK AVENUE EDGEWATER, FL 32132	Mailing Address 130 EAST PARK AVENUE EDGEWATER, FL 32132
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**DO NOT WRITE IN THIS SPACE**



03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0001812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COLLINS, TAMARA A  
 130 EAST PARK AVENUE  
 EDGEWATER, FL 32132

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	STIMSON, RENEE
STREET ADDRESS	756 BAY DRIVE
CITY - ST - ZIP	NEW SMYRNA, FL 32168
TITLE	T
NAME	GOODRICH, MARIE S
STREET ADDRESS	334 N. RIVERSIDE DR.
CITY - ST - ZIP	EDGEWATER, FL 32132
TITLE	T
NAME	COLLINS, MORRIS W
STREET ADDRESS	898 S. MYRTLE AVENUE
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	T
NAME	COLLINS, TAMARA A
STREET ADDRESS	8985 MYRTLE AVENUE
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/16/05-80018-008 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Tamara A. Collins, Tamara A. Collins, Trustee 3-29-05 - 386-428-0391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #