


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90020 016 ****70.00

DOCUMENT # 713179	
1. Entity Name FIRST BAPTIST CHURCH IN MILTON, FLORIDA, INC.	

Principal Place of Business 5133 CLARA ST MILTON, FL 32570	Mailing Address 5133 CLARA ST MILTON, FL 32570
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94025135

2. Principal Place of Business 6797 Caroline Street	3. Mailing Address 6797 Caroline Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.



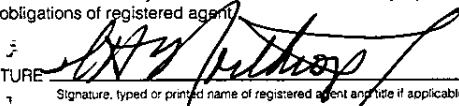
02262004 Chg-NP CR2E037 (10/03)

City & State Milton, FL	City & State Milton, FL
Zip 32570	Country Santa Rosa
Zip 32570	Country Santa Rosa

4. FEI Number 59-0952636	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>


5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NORTHROP, I.H. RT. 9, BOX 382A MILTON, FL 32570	
7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 5875 Northrop Rd City Milton FL Zip Code 32570	

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 3/2/04

Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT WORLEY, DR DOUG 6102 WILLARD NORRIS RD MILTON, FL 32570 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee - Chairman Lamar Faulkner (Mr.) 6192 Cherokee Road Milton, FL 32570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, GUY MR. 5077 HAMILTON LANE PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHEAT, MR TIM 3596 STRATFORD LANE PACE, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee - Secretary Mr. Randy Bassett 5614 Fairview Drive Milton, FL 32570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAULKNER, MR AL 3155 BENTON RD PACE, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Mr. Richard Coe 5643 Sandstone Drive Pace, FL 32571 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURKLOW, MEL MR. 5426 OAKMONT DR. PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, MIKE MR. 6700 ROCKY SHORES MILTON, FL 32583 <input type="checkbox"/> Delete	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, 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: 	DATE 3/2/04 Daytime Phone #