## **2004 NOT-FOR-PROFIT CORPORATION**

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

## FILED ANNUAL REPORT (AR) May 03, 2004 8:00 am Secretary of State **DOCUMENT # 713191** 1. Entity Name 05-03-2004 90661 035 \*\*\*\*70.00 FIRST BAPTIST CHURCH OF JENSEN BEACH, FLORIDA, INC. Principal Place of Business Mailing Address 1400 N.E. JENSEN BEACH BLVD 1400 N.E. JENSEN BEACH BLVD JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FFI Number 59-1682389 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, JEAN 3518 NE JEANNETTE DR Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH FL 34957 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change ☐ Addition THOMAS, JEAN NAME NAME 3518 NE JEANNETTE DR STREET ADDRESS STREET ADDRESS JENSEN BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition COLLAZO, GREG NAME NAME 1880 NE VICTORIA LANE STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-ZIP ☐-Delete Change ☐ Addition CATALDO, DONNA NAME 8033 SW YACHTSMAN DRIVE STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-7IP CITY-ST-ZIP DTI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change 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.

NAME

NAME

☐ Delete

STREET ADORESS

STREET ADDRESS CITY-ST-ZIP

☐ Change

☐ Addition

CITY-ST-ZIP

SIGNATURE: Jean Thomas de an Thomas signature and typed on printed name of signing officer or director Thea