
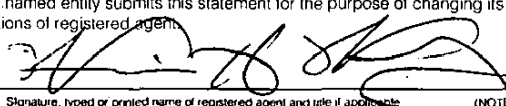
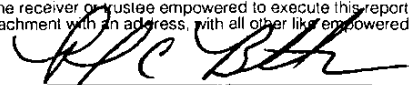


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90289 014 ****61.25

DOCUMENT # 714183 1. Entity Name FIRST BAPTIST CHURCH OF KEY LARGO, INC.					
Principal Place of Business 99001 OVERSEAS HIGHWAY KEY LARGO, FL 33037			Mailing Address 99001 OVERSEAS HIGHWAY KEY LARGO, FL 33037		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PATRICK, ROBERT F 164 MOHAWK ST TAVERNIER, FL 33020				Name William Weaver Street Address (P.O. Box Number is Not Acceptable) 131 Mohawk St. City Tavernier FL Zip Code 33070	
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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/11/2005	
Filing Fee is \$61.25 Due by May 1, 2005		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	DD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, WILLAM		NAME		
STREET ADDRESS	131 MOHAWK ST.		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER, FL 33070		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRISHKE, PAUL C SR		NAME		
STREET ADDRESS	P.O. BOX 821		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARLLEE, JACK		NAME		
STREET ADDRESS	10980 COUNTRY RD., #1905		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESCALET, TIM		NAME		
STREET ADDRESS	115 STARFISH LN		STREET ADDRESS	Tavernier, FL 33070	
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COTTRELL, GORDON		NAME		
STREET ADDRESS	7 CORRINE PL		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Robert Fitzpatrick	
STREET ADDRESS			STREET ADDRESS	164 Mohawk St.	
CITY-ST-ZIP			CITY-ST-ZIP	Tavernier, FL 33070	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/5/05 305-451-2566 <small>Date Daytime Phone #</small>		