


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 715458
 1. Entity Name
 FIRST BAPTIST CHURCH OF BALDWIN, FLORIDA, INC.



Principal Place of Business
 97 CENTER STREET, SOUTH
 BALDWIN, FL 32234

Mailing Address
 97 CENTER STREET, SOUTH
 BALDWIN, FL 32234

DO NOT WRITE IN THIS SPACE



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1762281 Applied For
 Not Applicat

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAGAN, JOE
 12021 W. BEAVER STREET
 JACKSONVILLE, FL 32220

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

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

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

100000215458
 02/05/05-80009-022 \$1.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORTON, RON 653D FOURAKER RD. BRYCEVILLE, FL 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIGGINS, MIKE 16524 VILLAGE GREEN DRIVE SOUTH BALDWIN, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAFT, CARL 448 PLEASANT PINE DRIVE JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WENDELL, BRYAN 160 ROSEWOOD ST. JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYD, ROGER 475 W 3RD ST BALDWIN, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAGAN, JOE 12021 W BEAVER ST JACKSONVILLE, FL 32220

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)(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: *Joe Hagan* 2/1/05 (904) 2664-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #