


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 715912 1. Entity Name POPLAR SPRINGS BAPTIST CHURCH, INC.	
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Principal Place of Business 1098 LOVEWOOD ROAD GRACEVILLE, FL 32440	Mailing Address 1098 LOVEWOOD ROAD GRACEVILLE, FL 32440
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DO NOT WRITE IN THIS SPACE



03242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2324645	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 ADKISON, KENNETH 213 NEW PROSPECT ROAD CHIPLEY, FL 32428

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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)	DATE _____
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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	U000000154971 05/05/04 80019-803 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNSON, MYRON 4174 ROBIN ROAD COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADKISON, KENNETH NEW PROSPECT ROAD CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, CINDY 936 LOVEWOOD RD GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Cindy Adams (Cindy Adams)</u>	Date: <u>5/3/04</u>	Daytime Phone #: <u>850-638-0000</u>
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