


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # 716647 1. Entity Name FAITH MISSIONARY BAPTIST CHURCH OF SEBRING, INC.	
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Principal Place of Business 1708 LAGRANGE AVENUE P.O. BOX 1139 SEBRING, FL 33870	Mailing Address 1708 LAGRANGE AVENUE P.O. BOX 1139 SEBRING, FL 33870
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DO NOT WRITE IN THIS SPACE



02052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 05-0013500	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PYLE, HARRY 1807 MYRTLE AVE SEBRING, FL 33870	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PYLE, HARRY 1807 MYRTLE AVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CROWLEY, BERNIE 1407 WHISPER CIRCLE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORIELL, CHARLES 1728 DINNER LAKE DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/05-80056-003 61.25

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: Harry F Pyle **2-6-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #