

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717207

FILED
Feb 09, 2004
Secretary of State**Entity Name:** DUNDEE BAPTIST CHURCH OF DUNDEE, FLORIDA, INCORPORATED**Current Principal Place of Business:**1111 SCENIC HIGHWAY
DUNDEE, FL 33838 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 769
DUNDEE FLA, 33838 US**New Mailing Address:**P.O. BOX 769
DUNDEE, FL 33838 US**FEI Number:** 59-1438002**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCKENZIE, WILLIAM
3208 LAKE BREEZE
HAINES CITY, FL 33844 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, RUSSELL
Address: 756 MASTERPLACE RD
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: MCMILLIAN, EDDIE
Address: 503 EDMUND AVE
City-St-Zip: DUNDEE, FL 33838

Title: D () Delete
Name: HAMAN, HAROLD
Address: P O BOX 611
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: DRAKE, RODNEY
Address: 9 ROELS ST
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODNEY DRAKE

D

02/09/2004

Electronic Signature of Signing Officer or Director

Date