

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90020 049 ****70.00

DOCUMENT # 717399
1. Entity Name
FIRST BAPTIST CHURCH OF ROCK SPRINGS, INC.

Principal Place of Business
**4490 N. ROCK SPRINGS RD.
APOPKA, FL 32712**

Mailing Address
**P.O. BOX 1653
APOPKA, FL 32704-1653**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

07142004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1967748

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**HART, BRUCE A
16318 CR #448R
MT DORA, FL 32757**

7. Name and Address of New Registered Agent
Name **JANET FREEDOM**
Street Address (P.O. Box Number is Not Acceptable)
12101 OAKLANE
City **ZELLWOOD, FL** Zip Code **32798**

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 *Janet Freedom* DATE 8/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 8, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, BRUCE 16318 CR #448 MT DORA, FL 32757	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUCKIN, EUGENE 4326 N. PLYMOUTH-SORRENTO RD. APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREEDOM, JANET 3316 WERSTFORD DRIVE APOPKA, FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIPPER, RITA K 132 EDGEWOOD AVENUE APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODLOVE, CARLETTA 3 ANITA COURT SORRENTO, FL 32776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DECON DAN JACKSON 4830 PIERCE ARROW DRIVE APOPKA, FL. 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCE COMM MEMBER JOE BLUME 475 PLYMOUTH ROCK PLACE APOPKA, FL. 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR FIN COMM QUYLESS FORCE 2812 W KELLY PARK ROAD APOPKA, FL. 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Douglas Force* DATE 8/18/04 DAYTIME PHONE # 407-886-4814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR