

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

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90140 005 \*\*\*\*61.25

**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

00000496

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

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

City & State  
 City & State

Zip  
 Country

Zip  
 Country



08192005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**PREEDOM, JANET**  
 12101 OAKLANE  
 ZELLWOOD, FL 32798

4. FEI Number  
 59-1967748

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name: **Carletta Godlove**  
 Street Address (P.O. Box Number is Not Acceptable): **3 Anita Ct.**  
 City: **Sorrento** FL Zip Code: **32776**

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: *Carletta M. Godlove* DATE: **8-31-05**

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

Filing Fee is \$61.25 Due by September 7, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, DAN 4830 PIERCE ARROW DRIVE APOPKA, FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FCM BLUME, JOE 475 PLYMOUTH ROCK PLACE APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	444 WINNWAY ST. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PREEDOM, JANET 3316 WERSTFORD DRIVE APOPKA, FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFC QUYLESS, FORCE 2812 W KELLY PARK ROAD APOPKA, FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<i>Carletta Godlove</i> 3 Anita Ct. Sorrento, FL 32776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Maurinia S. Blume</i> 444 Winnway St. APOPKA FL 32712 <input type="checkbox"/> Change <input checked="" 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)(j), 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: *Carletta M. Godlove* DATE: **8-31-05** DAYTIME PHONE #: **352-735-6036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #