

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**

00003496



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1967748

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEDOM, JANET
12101 OAKLANE
ZELLWOOD, FL 32798**

Name **Carletta Godlove**

Street Address (P.O. Box Number is Not Acceptable)
3 Anita Ct.

Sorrento

FL 32776

City

FL

Zip Code

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-31-05

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

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JACKSON, DAN | |
| STREET ADDRESS | 4830 PIERCE ARROW DRIVE | |
| CITY-ST-ZIP | APOPKA, FL 32712 | |
| TITLE | FCM | <input type="checkbox"/> Delete |
| NAME | BLUME, JOE | |
| STREET ADDRESS | 475 PLYMOUTH ROCK PLACE | |
| CITY-ST-ZIP | APOPKA, FL 32712 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | FREEDOM, JANET | |
| STREET ADDRESS | 3316 WERSTFORD DRIVE | |
| CITY-ST-ZIP | APOPKA, FL 32712 | |
| TITLE | CFC | <input checked="" type="checkbox"/> Delete |
| NAME | QUYLESS, FORCE | |
| STREET ADDRESS | 2812 W KELLY PARK ROAD | |
| CITY-ST-ZIP | APOPKA, FL 32712 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | GODLOVE, CARLETTA | |
| STREET ADDRESS | 3 ANITA COURT | |
| CITY-ST-ZIP | SORRENTO, FL 32776 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 444 WINNWAY ST. | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Carletta Godlove | |
| STREET ADDRESS | 3 Anita Ct. | |
| CITY-ST-ZIP | Sorrento, FL 32776 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Maurinia S. Blume | |
| STREET ADDRESS | 444 Winnway St. | |
| CITY-ST-ZIP | APOPKA FL 32712 | |

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-05

DATE

352-735-6036

DAYTIME PHONE #