


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

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 718649**

1. Entity Name  
 THE FIRST BAPTIST CHURCH OF ALVA, INC.



Principal Place of Business  
 2790 JOEL BLVD.  
 ALVA, FL 33920

Mailing Address  
 P.O. BOX 577  
 ALVA, FL 33920

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1912989

Applied For  
 Not Applicable

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

5. Name and Address of Current Registered Agent

HENDERSON, GEORGE JR  
 11300 SHIRLEY LANE  
 FT. MYERS, FL 33917

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	LANIER, JAMES
STREET ADDRESS	1132 APACHEE
CITY - ST - ZIP	LABELLE, FL
TITLE	VD
NAME	HANSEN, ERNEST
STREET ADDRESS	8289 BOONESBORO RD.
CITY - ST - ZIP	N. FT MYERS, FL
TITLE	PD
NAME	HENDERSON, GEORGE A J
STREET ADDRESS	11300 SHIRLEY LANE
CITY - ST - ZIP	N FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

00000295578  
 0014219-80184-007 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)(f), 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: *Ernest Hansen* **04-06-05 239-728-2034**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #