2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 720597

1. Entity Name
HAINES CREEK BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
33110 COUNTY RD., #473 LEESBURG, FL 34788	33110 COUNTY RD., #473 LEESBURG, FL 34788

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01062004   No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-2363167	Not Applicable

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

6. Name and Address of Current Registered Agent

FREES, RUSS
34105 LINDA LANE
LEESBURG, FL 34788

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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 _Russell B. Frees_   3/8/04

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 May 1, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U000000101872

10.	OFFICERS AND DIRECTORS
TITLE	SD
NAME	HOFER, ROSE
STREET ADDRESS	26 BUCCANEER DR.
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	TD
NAME	BARKER, BARBARA
STREET ADDRESS	34100 LINDA LANE
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	DV
NAME	BARKER, JIM
STREET ADDRESS	34100 LINDA LANE
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 _Barbara A. Barker Treasurer_   3/8/04   352 742-2442

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