

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90016 010 \*\*\*\*61.25



**DOCUMENT # 722463**  
**1. Entity Name**  
**FIRST BAPTIST CHURCH OF FRUITLAND PARK, INC.**

**Principal Place of Business**      **Mailing Address**  
**509 WEST BERCKMAN STREET**      **509 WEST BERCKMAN STREET**  
**FRUITLAND PARK FL 34731**      **FRUITLAND PARK FL 34731**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number**      **Applied For**  
**59-2204301**       **Not Applicable**

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



MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**TAYLOR, LAWRENCE E - ATTORNEY**  
**1029 W MAGNOLIA ST**  
**P. O. BOX 477**  
**LEESBURG FL 34748**

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ANDERSON, MITCH 7475 SUNNYSIDE DR LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KENT, BARRY 5142 MAGNOLIA RIDGE RD LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SUMNER, KEITH 5345 TWIN PALMS RD FRUITLAND PARK FL 34731	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PERDUE, STEWART 9800 CR 128 C WILDWOOD FL 34775	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MEEKS, LARRY 4034 MAGNOLIA DR FORT PIERCE FL 34948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR NEWELL WORMWOOD 510 ALEXANDER ROAD LEESBURG, FL 34748	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR NEWELL WORMWOOD 510 ALEXANDER ROAD LEESBURG, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GERALD DAVIS PO Box 427 FRUITLAND PARK, FL 34731	<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
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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/4/04**      Daytime Phone #: **(352) 315-4240**