

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

509 WEST BERCKMAN STREET
FRUITLAND PARK FL 34731

Mailing Address

509 WEST BERCKMAN STREET
FRUITLAND PARK FL 34731

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2204301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **TR** ☐ Delete
NAME **ANDERSON, MITCH**
STREET ADDRESS **7475 SUNNYSIDE DR**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **TR** ☒ Delete
NAME **KENT, BARRY**
STREET ADDRESS **5142 MAGNOLIA RIDGE RD**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **TR** ☒ Delete
NAME **SUMNER, KEITH**
STREET ADDRESS **5345 TWIN PALMS RD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **TR** ☒ Delete
NAME **PERDUE, STEWART**
STREET ADDRESS **9800 CR 128 C**
CITY-ST-ZIP **WILDWOOD FL 34775**

TITLE **TR** ☒ Delete
NAME **MEEKS, LARRY**
STREET ADDRESS **4034 MAGNOLIA DR**
CITY-ST-ZIP **FORT PIERCE FL 34948**

TITLE **TR** ☐ Delete
NAME **NEWELL WORMWOOD**
STREET ADDRESS **510 ALEXANDER ROAD**
CITY-ST-ZIP **LEESBURG, FL 34748**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TR** ☐ Change ☒ Addition
NAME **NEWELL WORMWOOD**
STREET ADDRESS **510 ALEXANDER ROAD**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **TR** ☐ Change ☒ Addition
NAME **GERALD DAVIS**
STREET ADDRESS **PO Box 427**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Trishell P. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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