


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-18-2004 90021 028 ****61.25

DOCUMENT # 723768

1. Entity Name
BRIARCLIFF BAPTIST CHURCH, INC.



Principal Place of Business
**6082 BRIARCLIFF RD.
 FT. MYERS, FL 33912**

Mailing Address
**6082 BRIARCLIFF RD.
 FT. MYERS, FL 33912**

66409033



2. Principal Place of Business
6011 BRIARCLIFF RD
 Suite, Apt. #, etc.

3. Mailing Address
6011 BRIARCLIFF RD
 Suite, Apt. #, etc.

03052004 Chg-NP CR2E037 (10/03)

City & State
FT MYERS FL

City & State
FT MYERS FL

Zip
33912 Country

Zip
33912 Country

4. FEI Number
59-2136473

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ANDERSON, LEONARD WM.
 6082 BRIARCLIFF RD.
 FT. MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name
ANDERSON, LEONARD WM

Street Address (P.O. Box Number is Not Acceptable)
4761 29TH STREET S.W

City
LEHIGH ACRES FL Zip Code
33971

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 the # applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	DEACON BRACKEN, ED 18050 TAMiami TRAIL, LOT 170 FORT MYERS, FL 33908 <i>SECRETARY</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANLEY, WILLIAM 15377 BRIAR RIDGE CIRCLE FORT MYERS, FL 33912 <i>DEACON</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, LEONARD W. 15748 ANDERSON LN. FT. MYERS, FL <i>PASTOR</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, ARTHUR 6940 HENDRY CREEK DRIVE FORT MYERS, FL 33908 <i>DEACON</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON, LEONARD W. 4761 29TH STREETS W. LEHIGH ACRES, FL 33971 <i>PASTOR</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLEISLE, JAMES 6281 KEY BISCAYNE FT MYERS, FL 33908 <i>DEACON</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TINER, MARK 18051 CREEK DRIVE FT MYERS, FL 33908 <i>DEACON</i>	<input type="checkbox"/> Change <input checked="" 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: _____ DATE: **3-8-04** DAYTIME PHONE # **(239) 481-8080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR