


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 724342</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF MAITLAND, INC.</b>	
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Principal Place of Business <b>1950 MOHICAN TRAIL MAITLAND, FL 32751</b>	Mailing Address <b>1950 MOHICAN TRAIL MAITLAND, FL 32751</b>
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**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1373523</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**PARKER, THELMA L.  
2464 SUNDERLAND RD  
MAITLAND, FL 32751**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEYDRICK, ROBERT 612 DEER RUN CT CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, PAUL 1531 HORATION AVE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAHR, STEVE 114 S LAKEWOOD CIR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, THELMA L. 2464 SUNDERLAND RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000038726  
02/06/04-80149-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 fully empowered.

**SIGNATURE:** *Thelma L. Parker* *2-4-04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #