

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724370

FILED
Apr 14, 2004
Secretary of State**Entity Name:** FIRST BAPTIST CHURCH OF FLORAL CITY, INC.**Current Principal Place of Business:**8545 EAST MAGNOLIA ST.
PO BOX 114
FLORAL CITY, FL 32636**New Principal Place of Business:****Current Mailing Address:**8545 EAST MAGNOLIA ST.
PO BOX 114
FLORAL CITY, FL 32636**New Mailing Address:****FEI Number:** 59-1757718**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THOMPSON, ROY M
8960 E JEFFERSON ST
FLORAL CITY, FL 34436 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** V () Delete
Name: WOOD, JESSE
Address: 8540 EAST MOONRISE LANE
City-St-Zip: FLORAL CITY, FL 34436**Title:** SD () Delete
Name: CHISMAN, JENNIFER
Address: 9480 E. TSALA APOPKA DR
City-St-Zip: FLORAL CITY, FL 34436**Title:** D () Delete
Name: KUHL, GARY
Address: 6620 MERLEING LOOP
City-St-Zip: FLORAL CITY, FL**Title:** D () Delete
Name: SCOTT, VERDELA
Address: 8478 E. HAINES COURT
City-St-Zip: FLORAL CITY, FL 34436**Title:** TD () Delete
Name: HANNIE, STEVE
Address: 9480 E TSALA APOPKA DR
City-St-Zip: FLORAL CITY, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: SILVER, MICHAEL
Address: 11626 E. LAUREL COURT
City-St-Zip: FLORAL CITY, FL 34436**Title:** D (X) Change () Addition
Name: WAYBRIGHT, MERRY
Address: 12963 S. BETTY POINT
City-St-Zip: FLORAL CITY, FL 34436**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER CHISMAN

SD

04/14/2004

Electronic Signature of Signing Officer or Director

Date