


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

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90001 044 ****61.25

DOCUMENT # 724821 1. Entity Name FIRST BAPTIST CHURCH OF HUDSON, FLORIDA, INC.					
Principal Place of Business 7009 HUDSON AVE HUDSON FL 34667 US		Mailing Address P.O. BOX 5532 HUDSON FL 34674 US			
2. Principal Place of Business		3. Mailing Address		 MOORE CR2E037 (11/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRINGTON, JOHN E 6427 BEACH BOULEVARD HUDSON FL 34667			Name <u>STEPHEN R ABRAMS</u> Street Address (P.O. Box Number is Not Acceptable) <u>12631 OAK TREE DR</u> City <u>HUDSON</u> FL Zip Code <u>34667</u>		
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 <u>Stephen R Abrams</u>		TITLE <u>CHURCH TREASURER</u>		DATE <u>2-3-2004</u>	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	CHURCH CLERK	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRINGTON, HELEN		NAME		
STREET ADDRESS	6427 BEACH BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP		
TITLE	CODT	<input checked="" type="checkbox"/> Delete	TITLE	CHURCH TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRINGTON, JOHN		NAME	STEPHEN R ABRAMS	
STREET ADDRESS	6427 BEACH BLVD		STREET ADDRESS	12631 OAK TREE DR	
CITY-ST-ZIP	HUDSON FL 34669		CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, THOMAS L		NAME		
STREET ADDRESS	18531 LANGFORD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, JAMES		NAME		
STREET ADDRESS	12801 PINEBROOK LN		STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Stephen R Abrams</u>		DATE <u>2-3-2004</u>		DAYTIME PHONE # <u>727-861-1082</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	