

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724821

FILED
Feb 26, 2005
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF HUDSON, FLORIDA, INC.

Current Principal Place of Business:

7009 HUDSON AVE
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5532
HUDSON, FL 34674 US

New Mailing Address:

FEI Number: 59-2348746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, STEPHEN R
12631 OAK TREE DR
HUDSON, FL 34667 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: CC () Delete
Name: HARRINGTON, HELEN
Address: 6427 BEACH BOULEVARD
City-St-Zip: HUDSON, FL 34667

Title: CT () Delete
Name: ABRAMS, STEPHEN R
Address: 12631 OAK TREE DR
City-St-Zip: HUDSON, FL 34667

Title: T () Delete
Name: VANCE, THOMAS L
Address: 18531 LANGFORD DRIVE
City-St-Zip: HUDSON, FL 34667

Title: T () Delete
Name: GREER, JAMES
Address: 12801 PINEBROOK LN
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CC (X) Change () Addition
Name: HARVEY, NORMA
Address: 12402 LONGHORN DR.
City-St-Zip: HUDSON, FL 34667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR. STAN KISTLER

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02/26/2005

Electronic Signature of Signing Officer or Director

_____ Date