

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724899

FILED  
Apr 13, 2005  
Secretary of State

**Entity Name:** NORTH STUART BAPTIST CHURCH INC

**Current Principal Place of Business:**

1950 N. FEDERAL HIGHWAY  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 958  
STUART, FL 34995 US

**New Mailing Address:**

**FEI Number:** 59-1681240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, BOB  
1950 N FEDERAL HWY  
STUART, FL 34994 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: T ( ) Delete  
Name: BETSY, WYATT  
Address: 1917 SE CHELTENHAM  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T ( ) Delete  
Name: TAYLOR, LORI  
Address: 3471 SW ISLEWORTH CIR.  
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete  
Name: MARTIN, BOB  
Address: 1225 NW 21ST ST, #1201  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: CROWELL, BONNIE  
Address: 132 SE HARBOR POINT DRIVE  
City-St-Zip: STUART, FL 34996 US

Title: T (X) Change ( ) Addition  
Name: BERNEICE, CHAUVIN  
Address: 586 NW LAMBRUSCO DR.  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: BOB MARTIN

TRS.

04/13/2005

Electronic Signature of Signing Officer or Director

Date