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

## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # 727921** 1. Entity Name 04-12-2004 90246 015 \*\*\*\*61.25 THE BIBLE BAPTIST CHURCH OF PLANT CITY, **FLORIDA, INCORPORATED** Mailing Address Principal Place of Business 809 CHARLIE GRIFFIN RD CORNER OF CHARLIE GRIFFIN & N VIEW RO PLANT CITY FL 33564 PO BOX 352 PLANT CITY FL 33564 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2236273 Not Applicable Zip Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TITUS, DARRYL G 3005 NORTHVIEW RD PLANT CITY FL 33567 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** (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change TITLE TITLE Addition ☐ Delete TITUS, WESLEY NAME NAME 3005 NORTHVIEW RD STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition MCDONALD, C O NAME NAME 8401 SOUTHWOOD OAKS ST STREET ADDRESS STREET ADDRESS LITHIA FL CITY - ST - ZIE CITY-ST-ZiP PD TITLE Delete TITLE Change ☐ Addition TITUS: DARRYL G-BOURN, SETH R. RD. 3005 NORTHVIEW RD. NAME NAME 3005 NORTHVIEW RD STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition TITUS, BRENT ADAMS, STEVE A NAME NAME 3005 NORTHVIEW RD ZUI WENDEL AVE STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition MOORE, MELVIN A NAME NAME 5852 LUNN RD STREET ADDRESS STREET ADDRESS LAKELAND FL 33811 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Seth R. Bourn 4-7-04 SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment,

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 eath; 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