2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728447

FILED Apr 19, 2004 Secretary of State

Entity Name: THE FIRST BAPTIST CHURCH OF MOUNT DORA, INC.

Current Principal Place of Business:			New Principal Place of Business:
1000 E. FIF MOUNT DO	RST AVE. DRA, FL 32757	7	
Current Ma	ailing Address	s:	New Mailing Address:
1000 E. FIF MOUNT DO	RST AVE. DRA, FL 32757	7 US	
FEI Number:	59-6015978	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Co	urrent Registered Agent:	Name and Address of New Registered Agent:
	CARL FRANKLIN DR. DRA, FL 32757		
The above in the State		ubmits this statement for the	purpose of changing its registered office or registered agent, or both,
SIGNATUR	RE:		
	Electroni	c Signature of Registered A	ent Date
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	DROZ, DIEGO	Delete DO SOMERSET DR 32776	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () MCKENZIE, ED 151 JUNIPER W TAVARES, FL 3		Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	PD () I TUCKER, CARL, 211 LAKE FRAN MOUNT DORA,	KLIN DR.	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () HARRIS, CHARL 6607 OLD HIGH MOUNT DORA, F	WAY 441S	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	()	Delete	Title: D () Change (X) Addition Name: ANDERSON, ALDEN Address: 1390 OLD EUSTIS RD. City-St-Zip: MOUNT DORA, FL 32757

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: CARL TUCKER PD 04/19/2004