


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 730083	
1. Entity Name FIRST BAPTIST CHURCH OF PORT SALERNO, INC.	

Principal Place of Business 4397 SE DIXIE HIGHWAY 4397 SE DIXIE HWY. PORT SALERNO, FL 34992 US	Mailing Address P O BOX 398 4397 SE DIXIE HWY. PORT SALERNO, FL 34992 US
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DO NOT WRITE IN THIS SPACE



07092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2374032	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARPER JOE T. 5041 PINEKNOLL P.O.398 PORT SALERNO, FL 33492
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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 _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WOJCIESZAK, DAVID 1868 N E OCEAN BLVD STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARPER, JOE #3 PINE KNOLL DR PT SALERNO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARPER, JOE M 5113 SE FRONT ST STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOJCIESZAK, KIM 3591 S.E. LEONARD LANE PT SALERNO, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRANE, R H 4797 S.E. COMPASS WAY PT SALERNO, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/13/05-80008-006 70.00

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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>David Wojcieszak, S/T</u>	<u>7-11-05</u>	<u>772-286-8696</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		