


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 730551 1. Entity Name THE FIRST BAPTIST CHURCH OF WEIRSDALE, FLORIDA, INC.	
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Principal Place of Business 13725 SE 164 ST BOX 606 WEIRSDALE, FL 32195	Mailing Address 13725 SE 164 ST BOX 606 WEIRSDALE, FL 32195
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1575841	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLLINGSWORTH 16987 SE 155 AVE WEIRSDALE, FL 32195

**DO NOT WRITE
IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000000937325 03/26/04 08000 025 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC HOLLINGSWORTH, WILLIAM F 16987 SE 155 AVE WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIELLING, J.D. 14455 SE 155TH ST WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HOLLINGSWORTH, EMMA 16987 SE 155 AVE WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANFORD, IRENE 14430 SE HWY 42 WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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>G. Irene Sanford</u> <u>G Irene Sanford</u> <u>1-21-04</u> <u>821-2298</u>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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