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

DOCUMENT # 730801 Feb 09, 2004 08:00 AM Secretary of State 1. Entity Name FAULKENBURG ROAD BAPTIST CHURCH, INC. Principal Place of Business Mailing Address INTERSECT, OF CTY, RD, 579 & VALENCIA 4823 PRESIDENTIAL STREET INTERSECT. OF CTY. RD. 579 & VALENCIA 4823 PRESIDENTIAL STREET SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable 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 Name BLACKSTONE, JAMES D 4823 PRESIDENTIAL STREET Street Address (P.O. Box Number is Not Acceptable) SEFFNER FL 33584 City Zip Code 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 | am familiar with, and accept the obligations of registered agent. **SIGNATURE** DATE Signature, typed or brinted name of registered agent and title if applicable (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. П Added to Fees Fiorida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition U000000042788 BLACKSTONE, JAMES D NAME NAME 02/10/04-80038-020 70.00 4823 PRESIDENTIAL ST. STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP CITY-ST-ZIP VDTD TITLE TITLE ☐ Delete Change ☐ Addition BLACKSTONE, THELMA NAME NAME 4823 PRESIDENTIAL STREET STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP CITY-ST-ZIP nne ☐ Delete TILLE ☐ Change ☐ Addition BLACKSTONE, BESSIE NAME NAME 4823 PRSIDENTIAL STREET STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

TAMES D. BLACKSTONE

GNATURE:

FILED