


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 730801</b> 1. Entity Name FAULKENBURG ROAD BAPTIST CHURCH, INC.	
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Principal Place of Business INTERSECT. OF CTY. RD. 579 & VALENCIA DR 4823 PRESIDENTIAL STREET SEFFNER, FL 33584 US	Mailing Address INTERSECT. OF CTY. RD. 579 & VALENCIA DR 4823 PRESIDENTIAL STREET SEFFNER, FL 33584 US
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**DO NOT WRITE IN THIS SPACE**



02142005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

BLACKSTONE, JAMES D  
4823 PRESIDENTIAL STREET  
SEFFNER, FL 33584

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLACKSTONE, JAMES D 4823 PRESIDENTIAL ST. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDTD BLACKSTONE, THELMA 4823 PRESIDENTIAL STREET SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BLACKSTONE, BESSIE 4823 PRESIDENTIAL STREET SEFFNER, FL 33584
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02/19/05-80006-012 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)(f), 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:** JAMES D. BLACKSTONE  
James D. Blackstone PD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05 (813) 685-9489  
Date Daytime Phone #