## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 731495

## FILED Mar 29, 2004 8:00 am Secretary of State

03-29-2004 90086 045 \*\*\*\*70.00

1. Entity Nam SOUTH E	BISCAYNE BAPTIST CHUI	RCH, INC.						
Principal Plac 13000 TAMIA NORTH PORT	ami trail	Mailing Address P.O. BOX 7166 NORTH PORT, FL 3420	D. BOX 7166		94039206			
2. Principal Place of Business 3. Ma		3. Mailing Address	ailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03172004 Chg-NP CR2E037 (10/03)			
City & State		City & State			4. FEI Number 59-203924			plied For t Applicable
Zip	Country	Zip	Country	untry 5. C		tatus Desired <b>K</b>	\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent			
			City	or register		the State of Florida.	FL Zip Code I am familiar with,	
	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		check payable to Department of St	
10.	10. OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUMANN, BERNHARD 2100 W DOLPHIN DR ENGLEWOOD, FL 34223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, HILLARY 3880 PINSTAR TERR NORTH PORT, FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

O THE STATE OF

TITLE TD ☐ Delete TITLE BOTTS, DAN NAME NAME Botts, Dan STREET ADDRESS 18545 GRAND AVE STREET ADDRESS 621 Riviera Lane CITY-ST-ZIP PORT CHARLOTTE, FL 33948 CITY-ST-ZIP Port Charlotte, FL ☐ Delete ■ Addition TITLE TITLE SHIPPY, TERRY NAME NAME STREET ADDRESS 975 GILLESPIE ST STREET ADDRESS ENGLEWOOD, FL 34223 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 CITY - ST - ZIP

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO DEPICER OR DIRECTOR

3/25/04(941):1426-3817

Daytime Phone