


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90020 001 ****61.25

DOCUMENT # 732698							
1. Entity Name FIRST BAPTIST CHURCH OF WIMAUMA BUILDING CORPORATION, INC.							
Principal Place of Business 5701 CAMP STREET P O BOX 165 WIMAUMA, FL 33598			Mailing Address 5701 CAMP STREET P O BOX 165 WIMAUMA, FL 33598				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2476819			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GLASSBURN, M E 10419 HWY 674 PO BOX 5053 SUN CITY CENTER, FL 33571			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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. 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. (NOTE: Registered Agent signature required when relisting) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BISHOP, J. F.		NAME				
STREET ADDRESS	5150 BISHOP ROAD		STREET ADDRESS				
CITY-ST-ZIP	WIMAUMA, FL 33598 33598		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BROWN, LARRY		NAME				
STREET ADDRESS	PO BOX 954		STREET ADDRESS				
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SCARBORO, JERRY		NAME				
STREET ADDRESS	20539 KEENE RD		STREET ADDRESS				
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROBERTS, WILLIAM		NAME				
STREET ADDRESS	5409 BONITA DR		STREET ADDRESS				
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GUYNN, RONALD		NAME				
STREET ADDRESS	17023 OWENS RD		STREET ADDRESS				
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BROWN, IRENE		NAME				
STREET ADDRESS	5520 NORTH ST/PO BOX 954		STREET ADDRESS				
CITY-ST-ZIP	WIMAUMA, FL 33598		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)(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: <i>Jennie Irene Brown</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>2/4/05</i>			
				Daytime Phone #: <i>813-634-3710</i>			