

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735725

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** FIRST BAPTIST CHURCH OF GLEN SAINT MARY, FLORIDA, INC.

**Current Principal Place of Business:**

9846 SO GEORGE TABOR BLVD  
GLEN ST. MARY, FL 320407633

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 633  
GLEN ST. MARY, FL 320407633

**New Mailing Address:**

**FEI Number:** 59-1865988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATTERSON, P. TIM  
9846 GEORGE TABER BLVD  
GLEN ST. MARY, FL 32040 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: MICKE, DONALD  
Address: P O BOX 411  
City-St-Zip: GLEN ST MARY, FL 32040

Title: D ( ) Delete  
Name: RAULERSON, T.J.  
Address: 339 E MACCLENNEY AVENUE  
City-St-Zip: MACCLENNEY, FL

Title: PD ( ) Delete  
Name: PATTERSON, P. TIM  
Address: GEORGE TABER BLVD  
City-St-Zip: GLEN ST MARY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY C PATTERSON

PD

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date