


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 735789					
1. Entity Name FIRST BAPTIST CHURCH OF FORT PIERCE, INC.					
Principal Place of Business 4500 S. 25TH STREET FORT PIERCE FL 34981			Mailing Address 4500 S. 25TH STREET FORT PIERCE FL 34981		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BOYD, G. A. REV 1715 SW MOCKINGBIRD DRIVE PORT SAINT LUCIE FL 34986				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 <i>George Andrew Boyd</i>				DATE <i>April 25, 2005</i>	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
<p>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</p>		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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FOWLER, CHRISTINE		NAME		
STREET ADDRESS	4565 OLEANDER BLVD.		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL		CITY - ST - ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WALKER, KEVIN		NAME		
STREET ADDRESS	2930 ADMIRAL STREET		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34982		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GOSNEY, VERN		NAME		
STREET ADDRESS	458 BRIDLEWOOD WAY		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34945		CITY - ST - ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DEVANE, CHARLOTTE		NAME		
STREET ADDRESS	375 NOTLEM DRIVE		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34982		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CARMONA, RICK		NAME		
STREET ADDRESS	2830 ADMIRAL STREET		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34982		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



1st MOORE CR2E037 (10/04)

4. FEI Number **59-0637834** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

U00000336697
04/27/05-80135-020 61.25

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

SIGNATURE: *George Andrew Boyd* - *George Andrew Boyd* 4/25/2005 772-461-7950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #