


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90732 047 ****61.25

DOCUMENT # 736534
 1. Entity Name
FIRST BAPTIST CHURCH OF ISLAMORADA, INC.



Principal Place of Business Mailing Address
 U.S. HIGHWAY #1, MILE MARKER 81.2 U.S. HIGHWAY #1, MILE MARKER 81.2
 P.O. BOX 453 P.O. BOX 453
 ISLAMORADA FL 33036 ISLAMORADA FL 33036

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 Applied For
59-1652631 Not Applicable

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

6. Name and Address of Current Registered Agent
COLLINS, BETTY
108 AREGOOD LANE
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent
 Name **EVIE E. PRITCHETT, JR.**
 Street Address (P.O. Box Number is Not Acceptable)
108 PLANTATION SHORES DR.
 City **TAVERNIER** FL Zip Code **33070**

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 *Evie E. Pritchett* **TREASURER 4/12/04**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	CURTIS MOBLEY	
STREET ADDRESS	105 WHITE MARTIN BCH BLVD	
CITY - ST - ZIP	ISLAMORADA FL 33036	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, BETTY J	
STREET ADDRESS	108 AREGOOD LANE	
CITY - ST - ZIP	ISLAMORADA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRITCHETT, EVIE	
STREET ADDRESS	108 PLANTATION SHORES DR	
CITY - ST - ZIP	TAVERNIER FL 33070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ELLEN ROWE	
STREET ADDRESS	207 SUNNY RD	
CITY - ST - ZIP	TAVERNIER FL 33070	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Evie E. Pritchett* **EVIE E. PRITCHETT, JR. 4/12/04 305-8531219**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #