


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

FILED
May 20, 2004 8:00 am
Secretary of State

04-26-2004 90991 044 ****61.25

DOCUMENT # 737038

1. Entity Name
FIRST BAPTIST CHURCH OF ENGLEWOOD, INC.



Principal Place of Business Mailing Address

278 S. MANGO STREET 278 S. MANGO STREET
 ENGLEWOOD FL 34223 ENGLEWOOD FL 34223
 US US


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6642316Z



MOORE CR2E037 (11/03)

4. FEI Number Applied For

59-2333163 Not Applicable

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

6. Name and Address of Current Registered Agent

~~FUSS, MARK W~~
~~278 S. MANGO ST~~
~~ENGLEWOOD FL 34223~~

7. Name and Address of New Registered Agent

Name ~~EARL FRANCE~~ *Joyce Wetterer*

Street Address (P.O. Box Number is Not Acceptable)
~~7363 SEAMIST DR~~
 420 VIVAR

City ~~PORT CHARLOTTE~~ *NORTH PORT* FL Zip Code ~~33981~~ *34287*

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 *Joyce N. Wetterer, Joyce N. Wetterer* DATE *5-17-04*

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to

Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE		<input checked="" type="checkbox"/> Delete
NAME	BRUIN, FRED	
STREET ADDRESS	2265 BROOKWOOD DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	LAAUWE, ROBERT	
STREET ADDRESS	236 WESTWIND DRIVE	
CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JAMES	
STREET ADDRESS	375 PINE STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	FUSS, MARK W	
STREET ADDRESS	278 S MANGO ST	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
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	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN REED	
STREET ADDRESS	1364 KISKADEE	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV. HAROLD CRANE	
STREET ADDRESS	119 CADDY ROAD	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARL FRANCE	
STREET ADDRESS	7363 SEAMIST DR	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
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 empowered.

SIGNATURE: *Joyce N. Wetterer, Joyce N. Wetterer, Treasurer, 4-21-04 941-426-8548*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #