

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

FILED
Apr 26, 2005 8:00 am
Secretary of State

03-29-2005 90024 030 ****61.25

DOCUMENT # 737038
 1. Entity Name
FIRST BAPTIST CHURCH OF ENGLEWOOD, INC.



Principal Place of Business Mailing Address
278 S. MANGO STREET ENGLEWOOD FL 34223 US

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 **59-2333163** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
WETTERER, JOYCE
420 VIVAR
NORTH PORT FL 34287

7. Name and Address of New Registered Agent
 Name **JOHN CATES**
 Street Address (P.O. Box Number is Not Acceptable)
278 S. MANGO ST.
 City **Englewood** FL Zip Code **34228**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restateing)

FILE NOW - FEE IS \$61.25
Due By: May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	T REED, JOHN 1364 KISKA DEE ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRANE, RE. HAROLD 119 CADDY ROAD ROTONDA WEST FL 33947 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANCE, EARL 7363 SEAMISTDR633981 ENGLEWOOD FL 34223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARVIN KURTZ 11923 GRETCHEN TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Port Charlotte, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACK MITCHELL 6433 GASPARILLA PINES #218 TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Englewood, FL 34224-7858
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rev. Jack R. Mitchell 4/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #