

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2005
Secretary of State**

DOCUMENT# 737232

Entity Name: MOSS BLUFF BAPTIST CHURCH, INC.

Current Principal Place of Business:

17515 SE 95 ST RD
OCKLAWAHA, FL 32179 US

New Principal Place of Business:

Current Mailing Address:

17515 SE 95 ST RD
OCKLAWAHA, FL 32179 US

New Mailing Address:

FEI Number: 59-2156637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JAMES M. JR.
9 N.E. FIRST AVENUE
OCALA, FL 32670 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: PD () Delete
Name: WOLF, JAY
Address: 2020 SE 172 TER
City-St-Zip: SILVER SPRINGS,, FL 34488

Title: VD () Delete
Name: SCHWENDER, HARRY
Address: 6611 SE 166 AVE.
City-St-Zip: OCKLAWAHA, FL 32179

Title: SO () Delete
Name: GARDNER, LYNDA
Address: 11280 SE 189 TERR
City-St-Zip: OCKLAWAHA, FL 32179

Title: T () Delete
Name: HILL, BILL
Address: 6575 SE 166 AVE.
City-St-Zip: OCKLAWAHA, FL 32179

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:

Title: T (X) Change () Addition
Name: MOBLEY, KENT
Address: 12076 SE 87 CT
City-St-Zip: BELLEVIEW, FL 34420

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: JAY WOLF

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date