

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

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90015 026 ****61.25

DOCUMENT # 738344

1. Entity Name

FIRST BAPTIST CHURCH OF WEBSTER, INC.



Principal Place of Business

1ST AVE. AND S.E. 2ND ST.
P.O. BOX 217
WEBSTER FL 33597

Mailing Address

N
P.O. BOX 217
WEBSTER FL 33597

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

59-1630835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUSSELL, MARVIN JR
1ST AVE AND 2ND STREET
WEBSTER FL 33597

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 D ☐ Delete
NAME FUSSELL, MARVIN JR
STREET ADDRESS 1ST AVE AND 2ND ST.
CITY-ST-ZIP WEBSTER FL

TITLE P ☐ Delete
NAME FUSSELL, MARVIN
STREET ADDRESS HWY 478
CITY-ST-ZIP WEBSTER, FL 00000

TITLE D ☐ Delete
NAME MIXON, WAYNE
STREET ADDRESS HWY 471
CITY-ST-ZIP WEBSTER, FL 00000

TITLE VD ☐ Delete
NAME TODD, JIM
STREET ADDRESS HWY 478
CITY-ST-ZIP WEBSTER FL 33597

TITLE D ☐ Delete
NAME TODD, MICHAEL
STREET ADDRESS HWY 478
CITY-ST-ZIP WEBSTER FL 33597

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Marilyn Connell* **MARILYN CONNELL** 2/15/04 352-793-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #