


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 740495 1. Entity Name FELLOWSHIP BAPTIST CHURCH, INC.	
---	---

Principal Place of Business 5223 HIGHWAY 90 MILTON, FL 32571	Mailing Address 5223 HIGHWAY 90 MILTON, FL 32571
--	--



DO NOT WRITE IN THIS SPACE

02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2469441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, CHARLES N
5036 GUERNSEY ROAD
MILTON, FL 32571

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNOZ, FELIX 5223 HWY 90 PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNOZ, DEBBIE 5654 MILLIGAN FORD ROAD MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWMAN, CHARLES N 5056 GURNSEY RD. MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSE, TED 5647 CAMELLIA AVE PENSACOLA, FL 32520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, H H 4217 QUEENS COURT MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000235878
02/19/05-80023-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-05