


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 740728

1. Entity Name
THE FIRST BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.



Principal Place of Business MAPLE STREET WEST PO BOX 685 DAVENPORT, FL 33837	Mailing Address MAPLE STREET WEST PO BOX 685 DAVENPORT, FL 33837
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2355403	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

**ROCKER, DAVID E.
 411 NORTH BLVD. W.
 DAVENPORT, FL 33837**

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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 re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2004**

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	DP ROCKER, DAVID E. 411 NORTH BLVD W. DAVENPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, STEVE 116 TERRACE DR HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONLEY, WENDELL LAGO VISTA COURT DAVENPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDER, LEE 627 POWER LINE RD DAVENPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHUMNEY, MILDRED EAST LEMON STREET DAVENPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREVATT, SONNIE 1425 JOHNS AVENUE HAINES CITY, FL 33844

000000019631
 01/29/04-80033-006 61.25

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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: David E. Rocker **1/25/04** **863 422-4551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #