

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743334

FILED  
Jan 10, 2005  
Secretary of State

**Entity Name:** FIRST BAPTIST CHURCH OF POMONA PARK, INC.

**Current Principal Place of Business:**

PO BOX 505  
POMONA PARK, FL 32181

**New Principal Place of Business:**

112 HOLLY AVE  
POMONA PARK, FL 32181

**Current Mailing Address:**

PO BOX 505  
POMONA PARK, FL 32181

**New Mailing Address:**

**FEI Number:** 59-3052149      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHN, ANDES  
252 LAKE ST  
POMONA PARK, FL 32181      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: S      ( ) Delete  
Name: JARVIS, GLENNA  
Address: 103 LAKEVIEW TRAIL  
City-St-Zip: CRESCENT CITY, FL 32112

Title: T      ( ) Delete  
Name: COMBS, ROSEMARY  
Address: PO BOX 121  
City-St-Zip: POMONA PARK, FL 32181

Title: D      ( ) Delete  
Name: JOHN, ANDES  
Address: 252 LAKE ST  
City-St-Zip: POMONA PARK, FL 32181

Title: D      ( ) Delete  
Name: JARVIS, JACK  
Address: 103 LAKEVIEW TRAIL  
City-St-Zip: CRESCENT CITY, FL 32112

**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: D      (X) Change ( ) Addition  
Name: JACOBS, EUGENE  
Address: 117 POSEY LANE  
City-St-Zip: POMONA PARK, FL 32181

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: JOHN ANDES

D

01/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date