FILED
Apr 23, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 744684

1. Entity Name
SAMSULA BAPTIST CHURCH

Principal Place of Business	Mailing Address
223 N SAMSULA DR NEW SMYRNA BCH, FL 32168	223 N SAMSULA DR NEW SMYRNA BCH, FL 32168

DO NOT WRITE IN THIS SPACE

04152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1369126

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VAN HORN, DOUGLAS
3756 LETTUCE LANE
NEW SMYRNA BEACH, FL 32168

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

000000127508
04/26/04-80001-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	TR
NAME	LEDGER, NELL
STREET ADDRESS	3696 PIONEER TRAIL
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	TR
NAME	HILTON, JAMES RANDY
STREET ADDRESS	4135 QUAIL RANCH ROAD
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	TR
NAME	VAN HORN, DOUGLAS
STREET ADDRESS	3756 LETTUCE LANE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nell Ledger Nell Ledger Trustee 4/15/04 386-428-2618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #