


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90059 027 ****61.25

DOCUMENT # 747759 1. Entity Name FIRST BAPTIST CHURCH OF GENEVA, FLORIDA, INC.					
Principal Place of Business 325 FIRST ST. P. O. BOX 350 GENEVA, FL 32732			Mailing Address 325 FIRST ST. P. O. BOX 350 GENEVA, FL 32732		
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 59-2181405				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCINTOSH, KENNETH W. 200 W FIRST ST. SANFORD, FL 32771			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, FRED		NAME		
STREET ADDRESS	280 3RD ST		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, BOB		NAME		
STREET ADDRESS	1200 APACHE ST		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBERT, DAVE		NAME		
STREET ADDRESS	1115 ARAPAHO TRAIL		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, JOE LEE		NAME		
STREET ADDRESS	4293 CYPRESS BEND		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAZIER, JEFF		NAME		
STREET ADDRESS	411 RACoon TRl P.O. BOX 1401		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Fred M. Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-15-05 <small>Date</small>		407-349-5411 <small>Daytime Phone #</small>