


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91002 025 *****70.00

DOCUMENT # 747892
1. Entity Name
FIRST BAPTIST CHURCH OF FT. MCCOY, INC.



Principal Place of Business: **11350 NE HWY 316
FORT MC COY FL 32134-0480
US**
Mailing Address: **P.O. BOX 480
FT. MCCOY FL 32134-0480
US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **59-2125975**
Applied For: Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**PRITCHARD, SAM
15307 NE 146TH COURT
FT MCCOY FL 32134**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD	STARLING, EARL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 3235 NE 160TH ST		
CITY-ST-ZIP: CITRA FL 32113		
TITLE: STD	PRITCHARD, SAM	<input type="checkbox"/> Delete
STREET ADDRESS: 15307 NE 146TH COURT		
CITY-ST-ZIP: FT MCCOY FL 32134		
TITLE: VPD	BAILEY, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS: 23141 NE 112TH CT		
CITY-ST-ZIP: ORANGE SPRINGS FL		
TITLE: D	GOOLSBY, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS: 170 ALMOND ROAD		
CITY-ST-ZIP: OCALA FL 34472		
TITLE: _____	_____	<input type="checkbox"/> Delete
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Delete
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D	William Groover	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 12090 E. Hwy 316		
CITY-ST-ZIP: Ft. McCoy FL 32134		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: PD	Richard Goolsby	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 170 Almond Road		
CITY-ST-ZIP: Ocala FL 34472		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
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: *Sam Pritchard* **Sam Pritchard** 4/21/04 (352)236-5564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #