

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748343

FILED  
Jan 10, 2005  
Secretary of State

**Entity Name:** FIRST BAPTIST CHURCH OF ST. MARKS, FLORIDA, INC.

**Current Principal Place of Business:**

14 SHELL ISLAND RD  
ST MARKS, FL 32355 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 295  
ST MARKS, FL 32355 US

**New Mailing Address:**

**FEI Number:** 59-2369448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIELD, DAVID  
210 SHELL ISLAND RD  
SAINT MARKS, FL 32355 US

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

FIELD, DAVID  
210 SHELL ISLAND RD  
POST OFFICE BOX 275  
SAINT MARKS, FL 32355 US

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:

01/10/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAMBERT, BILL (DEACON)  
Address: 18 HARRELL LANE  
City-St-Zip: CRAWFORDVILLE, FL

Title: S ( ) Delete  
Name: FIELD, GAIL,  
Address: BOX 275, SHELL ISLAND RD., #210  
City-St-Zip: ST. MARKS, FL

Title: T ( ) Delete  
Name: MOORE, W.L.  
Address: P.O. BOX 1503  
City-St-Zip: CRAWFORDVILLE, FL 32326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LAMBERT, BILL (DEACON)  
Address: 18 HARRELL LANE  
City-St-Zip: CRAWFORDVILLE, FL 32355 US

Title: S (X) Change ( ) Addition  
Name: FIELD, GAIL  
Address: BOX 275, SHELL ISLAND RD., #210  
City-St-Zip: ST. MARKS, FL 32355 US

Title: T (X) Change ( ) Addition  
Name: MOORE, W.L.  
Address: P.O. BOX 1503  
City-St-Zip: CRAWFORDVILLE, FL 32326 US

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: GAIL FIELD

S

01/10/2005

Electronic Signature of Signing Officer or Director

Date