


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90398 011 ****61.25

DOCUMENT # 748955

1. Entity Name
 RICHMOND AVENUE BAPTIST CHURCH, INC.



Principal Place of Business
 304 N. RICHMOND AVE.
 LEHIGH ACRES, FL 33972-5053 US

Mailing Address
 304 N. RICHMOND AVE.
 LEHIGH ACRES, FL 33936 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04012004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 59-2801696

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

MILES, GEORGE
 206 6TH ST E
 LEHIGH ACRES, FL 33936

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: *George Miles* x 4/14/04

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD WING, BERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2208 CRETON CT	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE NAME	PD HODDER, CAROLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1300 WOODWARD CT., #86	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	
TITLE NAME	TD MILES, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	206 6TH ST E	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE NAME	SD STUTZMAN, GERALD	<input type="checkbox"/> Delete
STREET ADDRESS	5315 4TH ST W	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. IND DIRECTORS IN 10

TITLE NAME	PD - George Miles	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	206 6th St. E.	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE NAME	VP - Lydia Oswalt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	707 Arianne Ct.	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE NAME	12 Massachusetts Rd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Lehigh Acres, FL 33936	
CITY-ST-ZIP	TD - Gerald Stutzman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5315 4th St. W.	
CITY-ST-ZIP	Lehigh Acres, FL 33971	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<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: *George Miles* x 4/14/04 x 671-7513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #