2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 750491

1. Entity Name
FT. GREEN BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2875 BAPTIST CHURCH RD. BOWLING GREEN, FL 33834 US	2875 BAPTIST CHURCH RD. BOWLING GREEN, FL 33834 US

04062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2339367
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAWLS, SAM
2727 ST. RD. 62
BOWLING GREEN, FL 33834

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAWLS, SAM
STREET ADDRESS	2727 ST. RD. 62
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	TD
NAME	ALBRITTON, PATRICIA
STREET ADDRESS	1265 KNOLLWOOD CIRCLE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	SD
NAME	COOPER, RILLA
STREET ADDRESS	3645 HENDRY RD.
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	PD
NAME	SASSER, DENNIS
STREET ADDRESS	4595 PRINGLE RD.
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	VD
NAME	CHANCEY, LEE
STREET ADDRESS	5259 OLLIE ROBERTS RD.
CITY-ST-ZIP	BOWLING GREEN, FL 33834
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: Patricia A. Albritton Patricia A. Albritton 4/19/04 (863)767-1228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #