

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

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90020 040 ****61.25

DOCUMENT # 755677

1. Entity Name

ROMEO BAPTIST CHURCH, INC.



Principal Place of Business

20545 S.W. 5TH PLACE
DUNNELLON FL 34431
US

Mailing Address

20545 S.W. 5TH PLACE
DUNNELLON FL 34431
US

54004961



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2926569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, WOODROW W.
20331 SE 80TH ST
MORRISTON FL 32668

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☐ Delete
NAME TAYLOR, WOODROW W
STREET ADDRESS 20331 SE 80 ST
CITY-ST-ZIP MORRISTON FL 32668

TITLE DP ☐ Delete
NAME CUTSHALL, SHAWN
STREET ADDRESS 20545 SW 5TH PLACE
CITY-ST-ZIP DUNNELLON FL 34431

TITLE DV ☒ Delete
NAME MARKHAM, FRANK
STREET ADDRESS 21212 SW 10TH ST
CITY-ST-ZIP DUNNELLON FL 34431

TITLE S ☐ Delete
NAME ROBBINS, DIANE
STREET ADDRESS 7451 SE 184TH AVE
CITY-ST-ZIP MORRISTON FL 32668

TITLE T ☐ Delete
NAME SECKINGER, SANDRA M
STREET ADDRESS 3600 SW 183RD TERR
CITY-ST-ZIP DUNNELLON FL 34432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Change ☒ Addition
NAME Gary Reviczky
STREET ADDRESS 21390 SW 10TH ST
CITY-ST-ZIP Dunnellon FL 34431

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra M Seckinger - Treasurer

2/8/04 352489-0561