


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

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90022 042 ****61.25

DOCUMENT # 757446
 1. Entity Name
FIRST BAPTIST CHURCH OF FLAGLER BEACH, INC.



Principal Place of Business Mailing Address
300 NORTH CENTRAL AVENUE **300 NORTH CENTRAL AVENUE**
PO BOX 583 **PO BOX 583**
FLAGLER BCH. FL 32136 **FLAGLER BCH. FL 32136**

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

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
WALLACE, MARY
26 FLEMING STREET
PALM COAST FL 32137

7. Name and Address of New Registered Agent
 Name **JACKIE M. CRAMER**
 Street Address (P.O. Box Number is Not Acceptable)
45 Bulow Woods Circle
 City **Flagler Beach** FL Zip Code **32136**

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 Jackie M. Cramer DATE 1-28-04
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 NAME STREET ADDRESS CITY-ST-ZIP	D CORN, IRVING 250 SEABREEZE DRIVE FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAMER, JACKIE M 45 BULOW WOODS CIRCLE FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEYS, LEONARD 77 MERRIMAC DRIVE FLAGLER BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALLACE, MARY 26 FLEMING CT PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELTON, LEONARD T 310 N 5TH ST FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL DAMPIER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2223 S. CENTRAL AVE FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLEY HALL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 116 LEHIGH AVE FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN HENSLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 21 EASTLAND LANE CYPRESS KNOLL PALM COAST, FL 32184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/C MARGIE GUTHRIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3 APACHE ST PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jackie M. Cramer JACKIE M. CRAMER, TREASURER, 1/28/04 386-439-3834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #