


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90059 019 ****61.25

DOCUMENT # 757446

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



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

Mailing Address
**300 NORTH CENTRAL AVENUE
 PO BOX 583
 FLAGLER BCH., FL 32136**

50013464



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

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

02032005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2135261

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

**CRAMER, JACKIE M
 45 BULOW WOODS CIRCLE
 FLAGLER BEACH, FL 32136**

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 _____ 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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORN, IRVING 250 SEABREEZE DRIVE FLAGLER BEACH, FL 32136 <input checked="" 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMPIER, RANDALL 2223 S CENTRAL AVE FLAGLER BEACH, FL 32136 <input 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	D HALL, FINLEY 116 LEHIGH AVE FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, ERROL 508 S. CENTRAL FLAGLER BEACH, FL 32136 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNDIS, STEW 321 N. 12th St FLAGLER BEACH, FL 32136 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSLER, JOHN 21 EASTLAND LANE, CYPRESS KNOB PALM COAST, FL 32164 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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** 2/8/05 386-439-3834