

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

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90054 001 ****61.25

DOCUMENT # 759369

1. Entity Name

FIRST BAPTIST CHURCH OF EASTPOINT, INC.



Principal Place of Business

PO BOX 611
 EASTPOINT FL 32328

Mailing Address

PO BOX 611
 EASTPOINT FL 32328

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)

4. FEI Number

59-2900266

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, EVELYN L
 447 AVE A
 EASTPOINT FL 32328

Name

Street Address (P.O. Box Number is Not Acceptable)

Same

City

DE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, BILLY	
STREET ADDRESS	106 WHISPERING PINES DR	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JAMES JR	
STREET ADDRESS	PO BOX 625	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, MAX	
STREET ADDRESS	218 BOBBY CATO ST	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OAKES, JACK	
STREET ADDRESS	578 RIVER RD	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSBY, CHARLIE	
STREET ADDRESS	102 WHISPERING PINES DR	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JEANETTE	
STREET ADDRESS	HWY. 98	
CITY-ST-ZIP	EASTPOINT FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edna Smith	
STREET ADDRESS	36 Brian ST	
CITY-ST-ZIP	Eastpoint, FL 32328	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frankie Crosby	
STREET ADDRESS	46 Brian ST	
CITY-ST-ZIP	Eastpoint, FL 32328	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leroy Hall	
STREET ADDRESS	Po Box 657	
CITY-ST-ZIP	Eastpoint, FL 32328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Charlie Crosby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/04

Date

Daytime Phone #