

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90328 021 ****61.25

50037830



DOCUMENT # 763542 1. Entity Name CORA BAPTIST CHURCH, INC.					
Principal Place of Business 12953 HWY 197 JAY, FL 32565				Mailing Address 12953 HWY 197 JAY, FL 32565	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1798812				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIAMOND, MICKEY 2517 CAMORS RD JAY, FL 32565			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, LEON		NAME	Burgess, Gerald	
STREET ADDRESS	5001 DOGWOOD LANE		STREET ADDRESS	3400 North Simmons Road	
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP	Jay, Florida 32565	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSOM, ROGER		NAME	Dobson, Roger	
STREET ADDRESS	4011 RANGE RD.		STREET ADDRESS	(same)	
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP	(same)	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, LINDA		NAME	Burgess, Louise	
STREET ADDRESS	5001 DOGWOOD LANE		STREET ADDRESS	3400 North Simmons Road	
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP	Jay, Florida 32565	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	BROWN, WILLIAM M.		NAME		
STREET ADDRESS	13298 HWY 197		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		
NAME	LLOYD, ADONE		NAME		
STREET ADDRESS	3085 SMITH LANE		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	LLOYD, NANCY		NAME		
STREET ADDRESS	2085 SMITH LANE		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		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: William M. Brown					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

William M. Brown 4-15-05

(850)983-5083