

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-21-2004 90043 045 ****61.25

DOCUMENT # 764112 1. Entity Name WEST BLOOMINGDALE BAPTIST CHURCH, INC.			
Principal Place of Business 5920 ROBERT TOLLE DR. RIVERVIEW, FL 33569 US		Mailing Address P.O. BOX 516 5920 ROBERT TOLLE DR. RIVERVIEW, FL 33568 US	
2. Principal Place of Business <i>5920 Robert Tolle Dr.</i>		3. Mailing Address <i>P.O. Box 516</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Riverview Fl.</i>		City & State <i>Riverview Fl.</i>	
Zip <i>33569 Hillsborough</i>		Zip <i>33568 Hillsborough</i>	
4. FEI Number 59-1909765		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 MONTALBANO, FRANK D 5920 ROBERT TOLL DR RIVERVIEW, FL 33588			
7. Name and Address of New Registered Agent Name WALTER HORTON Street Address (P.O. Box Number is Not Acceptable) <i>2202 S. MacDill Ave</i> City <i>Tampa</i> FL Zip Code <i>33629</i>			
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 <i>Walter Horton</i> DATE <i>4/17/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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			
TITLE	TC WIGGINS, WILLIAM 34320 BUCKHORN SPRINGS RIVERVIEW, FL 33069	<input type="checkbox"/> Delete	
TITLE	T GREGORY, WALT 9417 STARGAZER LANE RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	
TITLE	T KENNEDY, ROBERT L 8202 PROVIDENCE ROAD RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	
TITLE	T HORTON, WALTER 2202 S MACDILL AVE TAMPA, FL 33629	<input type="checkbox"/> Delete	
TITLE	TC SHIVERS, DAVID J SR 2811 PEARL AVE TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete	
TITLE	T SMART, JAMES 8504 PARROTS LANDINGS TAMPA, FL 33347	<input checked="" type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	Joe Jones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	Will Chase	<input type="checkbox"/> Change <input checked="" 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: <i>Robert L. Kennedy</i> (Peggy O. Kennedy) <i>4/17/04</i> <i>813-677-1376</i> <small>SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

Robert L. Kennedy **ROBERT L. KENNEDY** 5-5-04
813-677-1376