

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

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90086 035 \*\*\*\*61.25



**DOCUMENT # 764148**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF CLEVELAND, INC.**

Principal Place of Business      Mailing Address  
**6600 CLEVELAND DR.**      **6600 CLEVELAND DR.**  
**PUNTA GORDA FL 33982**      **PUNTA GORDA FL 33982**

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 **59-2171934**      Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required



MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**WEISS, DAVID L**  
**6550 PINWOOD LANE**  
**PUNTA GORDA FL 33982**

**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 *David L. Weiss*      **PASTOR**      **1-21-04**  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WEISS, DAVID L</b> <b>6550 PINWOOD LANE</b> <b>PUNTA GORDA FL 33982</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WESSEL, HERMAN</b> <b>1478 NAVIGATOR ROAD</b> <b>PORT CHARLOTTE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BROWER, LORRAINE</b> <b>470 RIO VISTA AV</b> <b>PUNTA GORDA FL 33982</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROLLI, DUANE</b> <b>6550 PINWOOD CIR</b> <b>PUNTA GORDA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROLLI, JULIE</b> <b>6350 PINWOOD CIR</b> <b>PUNTA GORDA FL 33982</b>	<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	<b>DEACON/TRUSTEE</b> <b>J D SMITH</b> <b>151 BEDFORD DR. N.E.</b> <b>PORT CHARLOTTE, FL 33952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE</b> <b>CAREY WEST</b> <b>9210 ALAN BLVD.</b> <b>PUNTA GORDA, FL 33982</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JUDY SMITH</b> <b>151 BEDFORD DR. N.E.</b> <b>PORT CHARLOTTE, FL 33952</b>	<input type="checkbox"/> Change <input checked="" 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:** *David L. Weiss*      **DAVID L. WEISS**      **1-21-04**      **941-637-1715**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #