

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90032 049 ****70.00

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1. Entity Name
**FIRST THONOTOSASSA MISSIONARY BAPTIST
CHURCH INC**



Principal Place of Business
**10650 MCINTOSH ROAD
THONOTOSASSA, FL 33592**

Mailing Address
**10650 MCINTOSH ROAD
THONOTOSASSA, FL 33592**

94017202



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2683518

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

7. Name and Address of New Registered Agent

**BURRUS, THOMAS E II
4709 CHARRO LANE
PLANT CITY, FL 33565**

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

Thomas E. Burrus, II **Thomas E. Burrus, II President**

2/11/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 **P** ☐ Delete
NAME **BURRUS, THOMAS E II**
STREET ADDRESS **4709 CHARRO LANE**
CITY-ST-ZIP **PLANT CITY, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HUMMEL, OSCAR**
STREET ADDRESS **5755 BOB SMITH RD.**
CITY-ST-ZIP **PLANT CITY, FL 33565**

TITLE **D** ☐ Change ☒ Addition
NAME **James Blocker**
STREET ADDRESS **8010 Franklin Rd.**
CITY-ST-ZIP **Plant City, FL 33565**

TITLE **D** ☐ Delete
NAME **DIXSON, JOHN**
STREET ADDRESS **1202 BRANCH ACRES DR.**
CITY-ST-ZIP **PLANT CITY, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SEALS, MAX**
STREET ADDRESS **4842 DOUBLE D CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE **D** ☐ Change ☒ Addition
NAME **David McQuirk**
STREET ADDRESS **PO Box 769**
CITY-ST-ZIP **Dover, FL 33527**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Thomas E. Burrus, II **Thomas E. Burrus, II**

2/11/2004

813-926-3312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #