

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90345 039 ****61.25

DOCUMENT # 770437

1. Entity Name

**BALDWIN AVENUE BAPTIST CHURCH, INC., OF
DEFUNIAK SPRINGS, FLORIDA**



Principal Place of Business

**1618 W. BALDWIN AVENUE
DEFUNIAK SPRINGS FL 32433
US**

Mailing Address

**P.O. BOX 1213
DEFUNIAK SPRINGS FL 32435
US**

50040462



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6529485

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

**RUSHING, DELMAR
348 GOODWIN ROAD
ROUTE 1, BOX N-151
DEFUNIAK SPRINGS FL 32433**

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

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, 2005**

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	WHIDDON, FRANK	
STREET ADDRESS	263 GERMAN CLUB ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RUSHING, DELMAR	
STREET ADDRESS	348 GOODWIN ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SKIPPER, LESTER	
STREET ADDRESS	703 W ORANGE AVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Charles G.	
STREET ADDRESS	55 Luidner Cr.	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hall, Jonathon C	
STREET ADDRESS	Kidd Road	
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 32433	
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		
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:

Frank Whiddon (Frank Whiddon)

April 17, 2005

(850) 585-0472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #