

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90292 017 ****61.25

DOCUMENT # C94000000006

1. Entity Name
NORWOOD BAPTIST CHURCH, INC.



Principal Place of Business
1818 - 29TH AVE. NORTH
ST. PETERSBURG, FL 33713

Mailing Address
1818 - 29TH AVE. NORTH
ST. PETERSBURG, FL 33713

60010004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0782454

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

BONER, ERNEST E
2801 28TH ST. NORTH
ST. PETERSBURG, FL 33713

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 reappointing)

DATE

Filing 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 PD
NAME BONER, ERNEST E
STREET ADDRESS 2801 28TH ST. NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33713 ☒ Delete

TITLE PD
NAME Johnson, John H.
STREET ADDRESS 3526 53rd Ave. N.
CITY-ST-ZIP St. Petersburg, FL. 33714 ☒ Change ☐ Addition

TITLE VD
NAME MASAREK, STEVEN
STREET ADDRESS 860 28TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33713 ☐ Delete

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

TITLE SD
NAME WEESE, CARROLL
STREET ADDRESS 2561 - 32ND AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33713 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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: John H. Johnson John H. Johnson 3-2-05 (727)822-4683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #