



**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # N00000001455</b>						<b>Secretary of State</b> 03-24-2005 90026 010 ****61.25	
1. Entity Name <b>BIBLE BAPTIST CHURCH, INC. OF PALM COAST, FLORIDA</b>				Principal Place of Business <b>150 SAWGRASS ROAD BUNNELL, FL</b>			
Mailing Address <b>P O BOX 350986 PALM COAST, FL 32135-0986</b>							
2. Principal Place of Business		3. Mailing Address		03152005 Chg-NP CR2E037 (10/03)		4. FEI Number <b>59-3441526</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>JACOBS, ALVIN D 8 SELENE PLACE PALM COURT, FL 32164</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, ALVIN D 150 SAWGRASS ROAD BUNNELL, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAVEY, THOMAS 2 HIDDEN LAKE WAY PALM COAST, FL 32137 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RATLIFF, GOBEL 150 SAWGRASS ROAD BUNNELL, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINKERT, ELIZABETH 150 SAWGRASS ROAD BUNNELL, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROUGHTON, WILLIAM E 17 RANDOLPH DRIVE PALM COAST, FL 32164 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jaitch, Bradley J. 24 EASTMOOR LANE PALM COAST, FL. 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lafferty, Rebekah L. 106 KARAS TRAIL PALM COAST, FL. 32164 <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: <b>Alvin D. Jacobs</b>				3/16/05 (386) 437-2283			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			