

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

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90031 038 ****61.25

DOCUMENT # N00000003065
1: Entity Name
FIRST BAPTIST CHURCH OF GREENVILLE INC.



Principal Place of Business: HWY 90 AND LEGGETT STREET GREENVILLE FL 32331 US
Mailing Address: RT 3 BOX 30 GREENVILLE FL 32331 US



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: 3282 NW US 221
Suite, Apt. #, etc.

City & State: Greenville, FL
City & State: Greenville FL
Zip: 32331 Country: USA
Zip: 32331 Country: USA

4. FEI Number: 59-3251850 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RENFROE, BILLY
N221 R 3 BOX 30
GREENVILLE FL 32331

7. Name and Address of New Registered Agent
Name: RENFROE, BILLY
Street Address (P.O. Box Number is Not Acceptable): 3282 NW US 221
City: Greenville FL Zip Code: 32331

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: *Bill Renfroe* BILLY RENFROE 2/16/04
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	D	<input checked="" type="checkbox"/> Delete
NAME	BLOUNT, LEROY	
STREET ADDRESS	N HWY 221 RT 2	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	D	<input type="checkbox"/> Delete
NAME	THIGPEN, BERT	
STREET ADDRESS	N HWY 221 RT 2, BOX 147	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENFROE, BILL	
STREET ADDRESS	N HWY 221 RT 3 BOX 30-A	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENFROE, ELIJAH	
STREET ADDRESS	N HWY 221 RR3 BOX 30-A	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	D	<input type="checkbox"/> Delete
NAME	JESSE, DAVID	
STREET ADDRESS	N HWY 221 RT 3 BOX 30	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thigpen, Bert	
STREET ADDRESS	3802 NW US 221	
CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENFROE, BILL	
STREET ADDRESS	3282 NW US 221	
CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENFROE ELIJAH	
STREET ADDRESS	3256 NW US 221	
CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSE, DAVID	
STREET ADDRESS	3282 NW US 221	
CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HADDON, JIM	
STREET ADDRESS	8404 N SR 53	
CITY-ST-ZIP	MADISON, FL 32340	

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: *Bill Renfroe* BILLY RENFROE 2-16-04 850-948-9996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #