


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90013 039 *****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 3882 NW US 221 GREENVILLE, FL 32331 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3282 NW US 221			
City & State 		City & State Greenville FL		4. FEI Number 59-3251850	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENFROE, BILLY 3282 NW US 221 GREENVILLE, FL 32331		7. Name and Address of New Registered Agent 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 <u>Billy Renfro</u> Billy Renfro <u>8/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	THIGPEN, BERT	NAME			
STREET ADDRESS	3802 NW US 221	STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE, FL 32331	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	RENFROE, BILL	NAME			
STREET ADDRESS	3282 NW US 221	STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE, FL 32331	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	RENFROE, ELIJAH	NAME			
STREET ADDRESS	3256 NW US 221	STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE, FL 32331	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	JESSE, DAVID	NAME			
STREET ADDRESS	3282 NW US 221	STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE, FL 32331	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	HADDON, JILL	NAME			
STREET ADDRESS	8404 N SR 53	STREET ADDRESS			
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>David Jesse</u> DAVID JESSE		<u>8/29/05</u> 850 948-9996			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			