


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000005832**

1. Entity Name  
**MORRISTON BAPTIST CHURCH, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>20291 SE 33RD ST<br/>         MORRISTON, FL 32668</b> | Mailing Address<br><b>20291 SE 33RD ST<br/>         MORRISTON, FL 32668</b> |
|---|---|



01182005 No Chg-NP CR2E037 (10/03)

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|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-2704734</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASON, JIM  
 20750 E LEVY STREET  
 WILLISTON, FL 32696**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CULBERTSON, KELLY<br>20750 SE 55TH ST.<br>MORRISTON, FL 32668            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAMANN, EARL<br>2590 SE 150TH AVENUE<br>MORRISTON, FL 32668               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NORRIS, CLARENCE<br>11750 SE 25TH STREET<br>MORRISTON, FL 32668           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AT<br>BROOKS, JETTIE G<br>18551 SE 30TH ST / PO BOX 223<br>MORRISTON, FL 32668 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CASON, JIM<br>20750 E. LEVY ST.<br>WILLISTON, FL 32696                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BENTON, JANICE<br>1350 SE 215TH AVE<br>MORRISTON, FL 32668                |

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 01/24/05-80102-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **1/17/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #