

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

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90039 044 \*\*\*\*61.25

**DOCUMENT # N00000006876**

1. Entity Name

OKEECHOBEE ROAD BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

7807 PENSACOLA ROAD 4009 Okeechobee Road  
FORT PIERCE FL 34951  
US  
Ft. Pierce, FL 34947

3400000000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1053986

Applied For

Not Applicable

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

FARRELL, RICKEY L  
1595 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952

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 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 PD  
NAME BRYANT, DAVID R III  
STREET ADDRESS 7807 PENSACOLA RD.  
CITY-ST-ZIP FT. PIERCE FL 34951 ☐ Delete

TITLE D  
NAME HORNE, JOHN E  
STREET ADDRESS 3725 GORDY RD.  
CITY-ST-ZIP FT. PIERCE FL 34945 ☒ Delete

TITLE T  
NAME SMITH, FLORA D  
STREET ADDRESS 3725 GORDY RD.  
CITY-ST-ZIP FT. PIERCE FL 34945 ☐ Delete

TITLE VD  
NAME SMITH, DENNIS  
STREET ADDRESS 3725 GORDY ROAD  
CITY-ST-ZIP FORT PIERCE FL 34945 ☐ Delete

TITLE S  
NAME WARNOCK, CARL  
STREET ADDRESS 17325 HAMMOCK LANE  
CITY-ST-ZIP FORT PIERCE FL 34988 ☒ Delete

TITLE T  
NAME HORNE, CYNTHIA E  
STREET ADDRESS 345 S.W. BELMONT CIRCLE  
CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:**

*David R Bryant III*

041904

772-489-2434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David R Bryant III Date 4-19-04 Daytime Phone #