2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007824

FILED Mar 11, 2004 Secretary of State

Entity Name: THE FIRST BAPTIST CHURCH OF PALATKA, INC.

Current Principal Place of Business: New Principal Place of Business: 501 OAK STREET PALATKA, FL 32177 **Current Mailing Address: New Mailing Address:** 501 OAK STREET PALATKA, FL 32177 FEI Number: 59-0714834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RABUN, CHARLES T JR 501 OAK STREET PALATKA, FL 32177 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete BATES, BEN Name: Name: RT 7 BOX 298 Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: DV (X) Change () Addition GERMANY, WILLIAM Name: TURNER, BILL Name: Address: 113 SUNSET POINT RD Address: 2605 FAIRWAY DR. City-St-Zip: EAST PALATKA, FL 32131 City-St-Zip: PALATKA, FL 32177 Title: DS () Delete Title: () Change () Addition DUPONT, MICHAEL Name: Name: Address: RT 2 BOX 175 Address: City-St-Zip: EAST PALATKA, FL 32131 City-St-Zip: (X) Change () Addition Title: DT () Delete Title: DT Name: ROWE, JOHN D Name: PIGNATO, JEFF Address: RT 5 BOX 1822 Address: 1115 LEE ST. City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177 Title: () Delete Title: () Change () Addition HADDOCK, MARION C Name: Name: 600 FERN STREET Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: () Change () Addition WEBB MARY F Name: Name: Address: 2915 MEADOWS LAN. Address: PALATKA, FL 32177 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN BATES DP 03/11/2004