

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

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008461

1. Entry Name
BUFORD GROVE BAPTIST CHURCH, INC.



Principal Place of Business
541975 U.S. HWY 1
HILLIARD, FL 32046

Mailing Address
POST OFFICE BOX 430
HILLIARD, FL 32046



01162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1868969
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRITT, HAL S
27156 HARLEY DRIVE
HILLIARD, FL 32046

**DO NOT WRITE
IN THIS SPACE**

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: *Hal S Merritt*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/05
DATE

**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	PD
NAME	MERRITT, HAL S
STREET ADDRESS	27156 HARLEY DR
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	1VPD
NAME	THOMPSON, EDWARD
STREET ADDRESS	45214 CIR DR
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	S
NAME	LANDRETH, TERRY
STREET ADDRESS	210 NORTH WOODVALLEY DR
CITY-ST-ZIP	KINGSLAND, GA 31548
TITLE	TD
NAME	DAVIS, KERRY L
STREET ADDRESS	56952 DAVIS ROAD
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	TD
NAME	MERRITT, HAL S
STREET ADDRESS	27156 HARLEY DRIVE
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	2VPD
NAME	WOMACK, ROLAND
STREET ADDRESS	27687 CONNER NELSON ROAD
CITY-ST-ZIP	HILLIARD, FL 32046

1000000211567
02/02/05-80125-013 61.25

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IN THIS SPACE**

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: *Hal S Merritt* PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/05 (919) 845-2807
Date Daytime Phone #