

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90070 045 ****61.25

DOCUMENT # N01000005573					
1. Entity Name FAITH BAPTIST CHURCH OF INTERLACHEN, INC.					
Principal Place of Business 512 EAST TREMONT ST. INTERLACHEN, FL 32148			Mailing Address P.O BOX 326 INTERLACHEN, FL 32148		
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 59-2515216	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPEICHER, MELVIN D 512 EAST TREMONT ST. INTERLACHEN, FL 32148				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
Signature, typed or printed name of registered agent and title if applicable.				DATE	
Filing Fee is \$61.25 Due by May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEICHER, MELVIN D 183 CHARITY LANE INTERLACHEN, FL 32148		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bobby Frame 105 Ward Trail Hollister, FL 32147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRILLHART, JIM 325 STAR LAKE DR. HAWTHORNE, FL 32640		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Frame 103 Ward Trail Hollister, FL 32147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFIRIRA, ROGER 105 SALEM INTERLACHEN, FL 32148		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

50014960



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