

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007213

Entity Name: ADVENTURE BAPTIST CHURCH, INC.

FILED
May 03, 2004
Secretary of State

Current Principal Place of Business:

1915 DALE ST.
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

1915 DALE ST.
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 59-3760264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWHON, BONNIE
2660 BYRON CIR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

COXWELL, DENNIS L TRUSTEE
1203 RICHVIEW ROAD
TALLAHASSEE, FL 32301 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: DENNIS L COXWELL

05/03/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: COXWELL, DENNIS L
Address: 1203 RICHVIEW RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: T (X) Delete
Name: BENNETT, CARL
Address: 6034 REDFIELD CIR
City-St-Zip: TALLAHASSEE, FL 32311

Title: T (X) Delete
Name: RAINS, GEORGE SCOTT
Address: 1443 CANE RD.
City-St-Zip: TALLAHASSEE, FL 32310

Title: TR () Delete
Name: LAWHON, BONNIE
Address: 2660 BYRON CIR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DENNIS L COXWELL

T

05/03/2004

Electronic Signature of Signing Officer or Director

Date