## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 05, 2004 8:00 am Secretary of State

DOCUMENT # N0200003683  1. Entity Name WEST MARION BAPTIST CHURCH, INC.						)	03-05-2004 9	0004 03	6 ****61	.25
6001 NW 135TH AVE. 600			tailing Address 5001 NW 135TH AVE. MORRISTON, FL 32668						<b>-</b>	•
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01152004	Chg-NP	CR2E03	7 (10/03)	
City & State		Ci	City & State			4. FEI Numbe 59-2890				oplied For ot Applicable
Zip Country		y Zi <sub>l</sub>	Zip Cou		intry	5. Certificate of Status Desired   \$8.75 Additional Fee Required			ditional	
	6, Name and Addre	ess of Current Registere	ed Agent			7. Name and	Address of New R	egistered A	gent	
DACEDAL	E CEORCE M			-	Name			:	-	
RAGSDALE, GEORGE M 6001 NW 135TH AVE.			Street Address (			P.O. Box Number is Not Acceptable)				
MORRIST	ON, FL 32668									
					City ;			FL	Zip Cod	е
B. The above	named entity submits the	nis statement for the purp	ose of changing its	registere	ed office or registe	ered apent, or both	h in the State of Flo		amiliar with	and accept
	tions of registered agent				<b>9</b>					
SIGNATURE										
		e of registered agent and title if app	plicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.			\$5,00 May 8e Make check payable to Added to Fees Florida Department of State				
	_					\$5.00 May Be Added to Fees				
10-	Due by May 1, 20		Trust Fund (	Contributi	on, 🔲	Added to Fees ADDITIONS/CHA		ida Depart	ment of S	10
TITLE	OFF	CERS AND DIRECTORS	Trust Fund (	11.	on.	Added to Fees  ADDITIONS/CHA  T	Flori	ida Depart	ment of S	tate .
	Due by May 1, 20	CERS AND DIRECTORS	Trust Fund (	11. TITLE	on.   Et adoress	Added to Fees ADDITIONS/CHA T Jim Doug	Flori NGES TO OFFICE Jlas	ida Depart	ECTORS IN Change	10
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12. I hereby centry 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: Sease m. Ragsolale

02-26-04

Daytime Phone #