


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-05-2004 90004 036 ****61.25

DOCUMENT # N02000003683 1. Entity Name WEST MARION BAPTIST CHURCH, INC.					
Principal Place of Business 6001 NW 135TH AVE. MORRISTON, FL 32668			Mailing Address 6001 NW 135TH AVE. MORRISTON, FL 32668		
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 59-2890435	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAGSDALE, GEORGE M 6001 NW 135TH AVE. MORRISTON, FL 32668			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May 8e 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	VP	<input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAGSDALE, GEORGE M		NAME	Jim Douglas	
STREET ADDRESS	6001 NW 135TH AVE		STREET ADDRESS	3127 N.W. 110th Ave.	
CITY-ST-ZIP	MORRISTON, FL 32668		CITY-ST-ZIP	Ocala, FL 34482	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MASTERS, CAROL		NAME	Mickie Douglas	
STREET ADDRESS	6001 NW 135TH AVE		STREET ADDRESS	3127 N.W. 110th Ave.	
CITY-ST-ZIP	MORRISTON, FL 32668		CITY-ST-ZIP	Ocala, FL 34482	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JENNINGS, BILL		NAME	Howard Jones	
STREET ADDRESS	6885 NW 135TH AVE		STREET ADDRESS	3417 N.W. 120th Ave.	
CITY-ST-ZIP	MORRISTON, FL 32668		CITY-ST-ZIP	Ocala, FL 34482	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HICKMAN, BURL		NAME	Jobe Marshall	
STREET ADDRESS	12027 NW 35TH ST		STREET ADDRESS	956 N.W. 110th Ct.	
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP	Ocala, FL 34482	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAYLOR, EVERETT		NAME	Steve Tipping	
STREET ADDRESS	5900 NW 135TH AVE		STREET ADDRESS	4037 N.W. Blitchton Rd. #9-B	
CITY-ST-ZIP	MORRISTON, FL 32668		CITY-ST-ZIP	Ocala, FL 34482-4216	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>George M. Ragsdale</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02-26-04 <small>Date Daytime Phone #</small>		