


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003683</b>		
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	



**DO NOT WRITE IN THIS SPACE**

03112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2890435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RAGSDALE, GEORGE M 6001 NW 135TH AVE. MORRISTON, FL 32668	<b>DO NOT WRITE IN THIS SPACE</b>
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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)</small>		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	UN00000284114 04/01/05-80053-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAGSDALE, GEORGE M 6001 NW 135TH AVE MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MASTERS, CAROL 6001 NW 135TH AVE MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOUGLAS, JIM 3127 NW 110TH AVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOUGLAS, MICKIE 3127 NW 110TH AVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, HOWARD 3417 NW 120TH AVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:** X George M. Ragdale 03/31/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #