

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004823

1. Entity Name

TRI COUNTY BAPTIST CHURCH, INC.



Principal Place of Business

10935 SE 177TH PLACE
SUMMERFIELD FL 34491

Mailing Address

10935 SE 177TH PLACE
BOX 11
SUMMERFIELD FL 34491

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

03-0467851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, ORIS L
16 GINGER CIR
LEESBURG FL 34748

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 ORIS L. GRAHAM

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
MARSHALL, DAVID L
16 GINGER CIR
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
GRAHAM, ORIS L
16 GINGER CIR
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
HUDSON, DANIEL T
16 GINGER CIR
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SALOMON, E JAMES
16 GINGER CIR
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
AUSTIN, FLOYD
16 GINGER CIR
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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U000000074901
03/03/04-80035-025 61.25

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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: Oris L. Graham ORIS L. GRAHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04 352-365-9720

Date Daytime Phone #