

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006088

FILED
Feb 15, 2005
Secretary of State

Entity Name: CONCORDIA BAPTIST CHURCH, INC.

Current Principal Place of Business:

4098 CONCORD RD
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

4098 CONCORD RD
HAVANA, FL 32333

New Mailing Address:

FEI Number: 59-2786744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMNER, MARIAN
184 MINI ACRES LANE
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUMNER, DAVID
Address: 184 MINI ACRES LANE
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: BARRETT, KELLY
Address: 1405 BELL RD
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: BARRETT, CARLOS
Address: P O BOX 612
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: SMITH, LESLIE
Address: 3487 CONCORD RD
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: KRAAI, JOHN
Address: 253 TALL PINE DR
City-St-Zip: HAVANA, FL 32333

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:

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: DAVID SUMNER

D

02/15/2005

Electronic Signature of Signing Officer or Director

Date