

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006247 1. Entity Name FIRST BAPTIST CHURCH OF WABASSO, INC.	
--	---

Principal Place of Business 4720 86TH ST WABASSO, FL 32970	Mailing Address P O BOX 700246 WABASSO, FL 32970
--	--



01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1917617	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROSS, NORMAN 386 TOLEDO ST SEBASTIAN, FL 32958
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHATHAM, THOMAS 1895 34TH AVE. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, NORMAN 386 TOLEDO ST. SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, GRACE 6436 48TH AVE. VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000028645
02/04/04-80035-002 61.25

**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)(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: *NORMAN ROSS*
(Norman Ross)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04 772-388-0615
Date Daytime Phone #