

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2005 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**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-1917617**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**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 6438 48TH AVE. VERO BEACH, FL 32967
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01/07/05-80029-011 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)(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:

NORMAN ROSS
Norman Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05 *772-388-0615*

Date

Daytime Phone #