

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000007201 1. Entity Name FLAT CREEK BAPTIST CHURCH, INC.	
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Principal Place of Business 3660 FLAT CREEK ROAD CHATTAHOOCHEE, FL 32324	Mailing Address 3660 FLAT CREEK ROAD CHATTAHOOCHEE, FL 32324
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CLARK, SCOTT B 337 EDWIN CLARK RD QUINCY, FL 32351	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, SCOTT B 337 EDWIN CLARK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, HERSCHEL 1173 LONNIE CLARK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, DONALD 611 MATTHEW CLARK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROWAN, CHARLES 463 EDWIN CLARK RD QUICY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNGBLOOD, VESTER 621 LONNIE CLARK QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FENN, DEAN 1372 PROVIDENCE RD QUINCY, FL 32351

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04/08/04-80024-007 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: <u>Rosalyn Fenn</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Rosalyn Fenn</u> Secretary	<u>4-6-04</u> Date	<u>850-442-4483</u> Daytime Phone #
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