

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90190 015 \*\*\*\*61.25

**DOCUMENT # N02154**

1. Entity Name

FIRST BAPTIST CHURCH OF LLOYD, INC.



Principal Place of Business

P.O. BOX 335  
LLOYD, FL 32337

Mailing Address

P.O. BOX 335  
LLOYD, FL 32337



04292005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-1978208

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

CLAYTON, GREGORY  
1822 BARRINGTON RD.  
MONTICELLO, FL 32344

**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          | SD                    |
| NAME           | MCBRIDE, SUE          |
| STREET ADDRESS | 2121 FARMS RD         |
| CITY-ST-ZIP    | TALLAHASSEE, FL       |
| TITLE          | VD                    |
| NAME           | EDWARDS, WALTER       |
| STREET ADDRESS | P.O. BOX 8, NA        |
| CITY-ST-ZIP    | LLOYD, FL             |
| TITLE          | D                     |
| NAME           | CLAYTON, GREGORY      |
| STREET ADDRESS | 1822 BARRINGTON RD.   |
| CITY-ST-ZIP    | MONTICELLO, FL 32344  |
| TITLE          | TD                    |
| NAME           | STONE, FRANK V        |
| STREET ADDRESS | 4550 SUNRAY ROAD S    |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32309 |
| TITLE          | D                     |
| NAME           | HATFIELD, BILLY       |
| STREET ADDRESS | 709 WHIPPOORWILL RD   |
| CITY-ST-ZIP    | MONTICELLO, FL 32344  |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

*Billy Hatfield*

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-30-05*