

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02489

1. Entity Name  
THE FIRST BAPTIST CHURCH OF MACCLENNY, INC.



Principal Place of Business  
P O BOX 391  
MACCLENNY, FL 32063-7391

Mailing Address  
P O BOX 391  
MACCLENNY, FL 32063-7391



04292004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-6044674

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FISH, HUGH D., JR.  
34 SOUTH FIFTH STREET  
MACCLENNY, FL 32063

**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, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000142006  
04/30/04-80034-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FISER, CONARD
STREET ADDRESS	552 JONATHAN
CITY-ST-ZIP	MACCLENNY, FL
TITLE	VD
NAME	LAMBRIGHT, R.I.
STREET ADDRESS	212 S COLLEGE ST
CITY-ST-ZIP	MACCLENNY, FL
TITLE	TD
NAME	KENNEDY, JOHN
STREET ADDRESS	P. O. BOX 209 N/A
CITY-ST-ZIP	GLEN ST MARY, FL
TITLE	SC
NAME	CREWS, BRENDA
STREET ADDRESS	14519 BOB BURNSED RD
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

4/29/04

Daytime Phone #