


FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90092 004 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000001833			
1. Entity Name <i>First Baptist Church of Chassahowitzka, Inc.</i>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business <i>10002 S Riviera Pt</i>		3. Mailing Address <i>10002 S Riviera Pt</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Homosassa, FL</i>		City & State <i>Homosassa, FL</i>	
Zip <i>34448</i>	Country <i>U.S.A.</i>	Zip <i>34448</i>	Country <i>U.S.A.</i>
4. FEI Number <i>59-1956709</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>Spiegel & Utrera, P.A. 1840 SW 22nd Street 4th Floor Miami, FL 33145</i>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>President</i>
STREET ADDRESS		STREET ADDRESS	<i>William Shuert</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>4642 W Mockingbird Homosassa, FL 34446</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>Secretary</i>
STREET ADDRESS		STREET ADDRESS	<i>Beatrice Simril</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>8158 W Bounty Ct. Homosassa, FL 34448</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>Treasurer</i>
STREET ADDRESS		STREET ADDRESS	<i>Betty Collett</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>7640 W. Tropical Lane Homosassa, FL 34448</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>William Shuert</i>		<i>3-3-05 352-621-6777</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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Chg-NP CR2E037 (10/03)