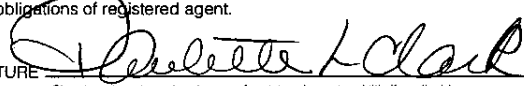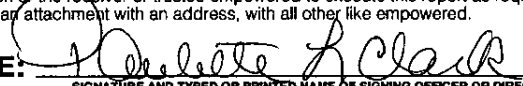# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2004 8:00 am**
**Secretary of State**
04-26-2004 91012 050 ****61.25

**DOCUMENT # N03000002037**

**1.** Entity Name
AIR PARK BAPTIST CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 521 NORTH ORANGE STREET | ~~521 NORTH ORANGE STREET~~ |
| STARKE, FL 32091 | STARKE, FL 32091 |

| **2.** Principal Place of Business | **3.** Mailing Address *502 N Myrtle St* |
|---|---|

| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---|---|

04202004   Chg-NP   CR2E037 (10/03)

| City & State | City & State *Starke Fl* | **4.** FEI Number *59-3711613* | Applied For / Not Applicable |
|---|---|---|---|

| Zip | Country | Zip *32091* | Country *Bradford* | **5.** Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
|---|---|---|---|---|---|

| **6.** Name and Address of Current Registered Agent | **7.** Name and Address of New Registered Agent |
|---|---|
| CLARK, PAULETTE L<br>521 NORTH ORANGE STREET<br>STARKE, FL 32091 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 *Paulette L Clark*

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**<br>**Due by May 1, 2004** | **9.** Election Campaign Financing<br>Trust Fund Contribution. ☐ | **$5.00** May Be<br>Added to Fees | **Make check payable to**<br>**Florida Department of State** |
|---|---|---|---|

| **10.** | OFFICERS AND DIRECTORS | | **11.** | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|---|
| TITLE | *Trustee* | ☑ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | LOIACANO, SAM | | NAME | | | |
| STREET ADDRESS | 521 NORTH ORANGE STREET | | STREET ADDRESS | | | |
| CITY-ST-ZIP | STARKE, FL 32091 | | CITY-ST-ZIP | | | |
| TITLE | *Deacon* | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | CLARK, KENNETH | | NAME | | | |
| STREET ADDRESS | 521 NORTH ORANGE STREET | | STREET ADDRESS | | | |
| CITY-ST-ZIP | STARKE, FL 32091 | | CITY-ST-ZIP | | | |
| TITLE | *Clerk/Treasury* | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | CLARK, PAULETTE L | | NAME | | | |
| STREET ADDRESS | 521 NORTH ORANGE STREET | | STREET ADDRESS | | | |
| CITY-ST-ZIP | STARKE, FL 32091 | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ 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: *Paulette L Clark*    *Clerk/Treasurer*    *4-23-04*    *386-496-2171*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #