2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004405

1. Entity Name
FAITH MISSIONARY BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.

Principal Place of Business	Mailing Address
200 SOUTH BOULEVARD WEST DAVENPORT, FL 33837	PO BOX 751 DAVENPORT, FL 33836

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03102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
56-2395380
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, STAN
405 EAST BOULEVARD
DAVENPORT, FL 33837

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	CARTER, STAN
STREET ADDRESS	405 EAST BOULEVARD
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	D
NAME	WATSON, CLINT
STREET ADDRESS	835 HORSESHOE CREEK RD.
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	D
NAME	WATSON, ALLEN JR
STREET ADDRESS	600 HORSESHOE CREEK RD.
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/05-80040-010 61.25

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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: Allen Watson Jr 3/23/05 863-421-7163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #