

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

06-04-2004 90004009 *****61:25
N03000006078

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 18 AM 10:00

DOCUMENT # N03000006078

1. Entity Name
THE MAGNOLIA BAPTIST CHURCH APALACHICOLA, INC.



Principal Place of Business
**348 - 12TH STREET
APALACHICOLA, FL 32320**

Mailing Address
**348 - 12TH STREET
APALACHICOLA, FL 32320**

54055134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOWARD, JOHN D
348 - 12TH STREET
APALACHICOLA, FL 32320**

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

John D. Howard **John D. Howard**

4-26-04

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HOWARD, JOHN D PASTOR**
STREET ADDRESS **348 - 12TH STREET**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **HOWARD, CAREY J**
STREET ADDRESS **348 - 12TH STREET**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOWARD, STEPHANIE K**
STREET ADDRESS **201 BEAR CREEK ROAD**
CITY-ST-ZIP **EASTPOINT, FL 32328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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:

John D. Howard **John D. Howard**

Date

Daytime Phone #

4-26-04 850-653-2563