

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90011 038 ****61.25

DOCUMENT # N03000008116 1. Entity Name SAVING FAITH.BAPTIST CHURCH, INC.																									
Principal Place of Business 1515 E. LINCOLN AVE MT. DORA, FL 32757			Mailing Address P.O. BOX 708 MT. DORA, FL 32756																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																						
City & State			City & State																						
Zip		Country		Zip																					
Country		Country		4. FEI Number 59-3656808																					
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent MOORE, RICARDO P REV. 26331 SLEEPY HOLLOW ST. SORRENTO, FL 32776				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																					
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.				FL Zip Code																					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																									
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																									
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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: _____																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																									
Date: 7/15/2004 (352) 383-1546																									