


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90005 004 \*\*\*\*61.25

**DOCUMENT # N03000008215**

1. Entity Name  
**FIRST BAPTIST CHURCH OF BASCOM, FLORIDA, INC.**



Principal Place of Business: **4951 BASSWOOD RD  
BASCOM FL 32423**

Mailing Address: **P.O. BOX 7  
BASCOM FL**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

City & State: \_\_\_\_\_


Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: \_\_\_\_\_ Applied For:  Not Applicable

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

MOORE CR2E037 (11/03)



6. Name and Address of Current Registered Agent

**BONDURANT, FRANK E  
4450 LAFAYETTE ST  
MARIANNA FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 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

TITLE: <b>DP</b>	<input type="checkbox"/> Delete
NAME: <b>JAMES, BILLY</b>	
STREET ADDRESS: <b>5040 OAK DR</b>	
CITY-ST-ZIP: <b>BASCOM FL 32423</b>	
TITLE: <b>DV</b>	<input type="checkbox"/> Delete
NAME: <b>SOUTHWELL, BRYANT</b>	
STREET ADDRESS: <b>4862 GEORGIA RD</b>	
CITY-ST-ZIP: <b>BASCOM FL 32423</b>	
TITLE: <b>DST</b>	<input type="checkbox"/> Delete
NAME: <b>BRYAN, DOUG</b>	
STREET ADDRESS: <b>5661 HUMMINGBIRD RD</b>	
CITY-ST-ZIP: <b>BASCOM FL 32423</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Doug Bryan* **DOUG BRYAN** 5/10/04 800-711-7241

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