

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008333

FILED
May 06, 2005
Secretary of State

Entity Name: EVERGLADES BAPTIST CHURCH, INC.

Current Principal Place of Business:

3789 SE 6TH STREET
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1953
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BERGEN, SHAWN
3789 SE 6TH STREET
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DREW, TAYLOR
Address: 808 SE 10TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: T () Delete
Name: STUTSMAN, DON
Address: 392 SW 72ND TER
City-St-Zip: OKEECHOBEE, FL 34974

Title: T () Delete
Name: DREW, SILVAS
Address: 2313 SE 40TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BURTON, BETTY
Address: 1540 SE 23RD
City-St-Zip: OKEECHOBEE, FL 34974

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SILVAS, DREW
Address: 2313 SE 40TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY BURTON

T

05/06/2005

Electronic Signature of Signing Officer or Director

Date