## 2004 NOT-FOR-PROFIT CORPORATION

## Feb 17, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # N03000009514** 02-17-2004 90032 050 \*\*\*\*70.00 TURKEY CREEK COMMUNITY BAPTIST CHURCH, INC. Principal Place of Susiness Mailing Address 94017201 5447 TURKEY CREEK RD. 4430 BRANDON RIDGE DR. PLANT CITY, FL 33567 VALRICO, FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072004 Chg-NP CR2E037 (10/03) 4. FEI Number 36-4541616 Applied For City & State City & State Not Applicable Country .\$8.75 Additional -5.-Certificate of Status Desired - - X -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAXLEY, KENNETH M 5447 TURKEY CREEK RD. Street Address (P.O. Box Number is Not Acceptable) PLANT CITY, FL 33567 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 Make check payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD ☐ Delete TITLE TITLE NAME BAXLEY, KENNETH M NAME 4430 BRANDON RIDGE DR. STREET ADDRESS STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE ☐ Change Addition TITLE NAME . BAXLEY, MERLE NAME STREET ADDRESS 8904 TURKEY CREEK RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY, FL 33567 Delete TITLE Change Addition TITLE NAME BAXLEY, SUSAN J NAME STREET ADDRESS 4430 BRANDON RIDGE DR. STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-ZIP TITLE ☐ Defete YITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED