

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03851

FILED
Jan 21, 2004
Secretary of State

Entity Name: FORT SMITH BOULEVARD BAPTIST CHURCH, INC.

Current Principal Place of Business:

229 FORT SMITH BLVD
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

229 FORT SMITH BLVD
DELTONA, FL 32738

New Mailing Address:

FEI Number: 59-2925824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZINNAMOSCA, BRIAN A
1000 EAST FIRST STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

ZINNAMOSCA, BRIAN A
1000 EAST FIRST STREET
SANFORD, FL 32771 US

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:

01/21/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZINNAMOSCA, BRIAN A
Address: 1000 E. FIRST ST
City-St-Zip: SANFORD, FL 327711441

Title: PD () Delete
Name: BENSON, MARK
Address: 679 KILLIAN CIRCLE
City-St-Zip: DELTONA, FL

Title: TD () Delete
Name: NEU, TIM
Address: 1000 E. FIRST ST
City-St-Zip: SANFORD, FL 327711441

Title: T () Delete
Name: FRAZIER, JONATHAN
Address: 1000 E. FIRST ST
City-St-Zip: SANFORD, FL 327711441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TIMOTHY F NEU

TD

01/21/2004

Electronic Signature of Signing Officer or Director

Date