2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 20, 2005 8:00 am Secretary of State 07-20-2005 90024 019 ****61.25

DOCUMENT # N03851 1. Entity Name FORT SMITH BOULEVARD BAPTIST CHURCH, INC.							07-20-2005 90024 019 ****61.25					1.25
			Address FORT SMITH BLVD ONA, FL 32738	SMITH BLVD							0 0000	432
			<u> </u>									
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01312005	Chg-NF	,	CR2E	37 (10/03)	
City & State		City & State					4. FEI Numbe 59-292				<u> </u>	oplied For ot Applicable
Zip	Country	Zip)	Cou	antry		5. Certificate	of Status D	esired		\$8.75 Add	ditional
····	6. Name and Address of Curre	nt Registere	d Agent	!			7. Name and	Address	I New R	egistered		
				Name							_	
ZINNAMOSCA, BRIAN A 1000 EAST FIRST STREET SANFORD, FL 32771				Street Ad	ddress (P.O. Box Numbe	er is Not Ac	ceptable)			
OANI ONE	5, 1 C 32771											
					City					F	Zip Cod	le
	e named entity submits this statement tions of registered agent.	Less	ose of changing its	register	ed office or	register	ed agent, or bot	in, in the Si	ate of Fic		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
	Signature, typed or printed name of registered ag	ent and tilse if app	ficable. (NOT	E: Registere	d Agent signatu	besuper en	when reinstating)	-		DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	ent and the if app	9. Election Car Trust Fund C	mpaign F	inancing	Desirper st	\$5.00 May B Added to Fees	še .			ck payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND I		9. Election Car Trust Fund C	mpaign F Contribut	Financing ion.	<u> </u>	\$5.00 May B		Flor	ida Depa	IRECTORS IN	tate
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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: _

STANTAURE AND TYPED ON PRINTED HAME OF BIOMING OFFICER OR DIRECTOR

407) 323-3430 x20C Daytime Phone #