

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90024 019 ****61.25

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01312005 Chg-NP CR2E037 (10/03)

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # N03851 1. Entity Name FORT SMITH BOULEVARD BAPTIST CHURCH, INC. | | | | | |
| Principal Place of Business 229 FORT SMITH BLVD DELTONA, FL 32738 | | | Mailing Address 229 FORT SMITH BLVD DELTONA, FL 32738 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2925824 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ZINNAMOSCA, BRIAN A 1000 EAST FIRST STREET SANFORD, FL 32771 | | | 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 <u>Brian A. Zinnamosca</u> <small>Signature, typed or printed name of registered agent and file if applicable.</small> | | | | DATE <u>2/6/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ZINNAMOSCA, BRIAN A 1000 E. FIRST ST SANFORD, FL 327711441 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BENSON, MARK 679 KILLIAN CIRCLE DELTONA, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD NEU, TIM 1000 E. FIRST ST SANFORD, FL 327711441 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD NEU, TIM 130 PINEFIELD DR SANFORD, FL 32771 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T FRAZIER, JONATHAN 1000 E. FIRST ST SANFORD, FL 327711441 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Brian A. Zinnamosca</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small> | | | DATE <u>2/6/05</u> (407) 323-3430 x200 <small>Date Daytime Phone #</small> | | |