


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90005 034 ****61.25

DOCUMENT # N0400000024

1. Entity Name
FIRST BAPTIST CHURCH OF GARDEN GROVE, INC.



Principal Place of Business
**18131 STROMBERG AVENUE
 BROOKSVILLE, FL 34604**

Mailing Address
**18131 STROMBERG AVENUE
 BROOKSVILLE, FL 34604**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

06162004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**STRATTON, BETSY
 17444 ROCKLEDGE AVENUE
 SPRING HILL, FL 34610**

Deceased

7. Name and Address of New Registered Agent

Name **Brenda E. Frazier**

Street Address (P.O. Box Number is Not Acceptable)
8550 E. Magnolia St.

City **Floral City** FL Zip Code **34436**

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 *Brenda E Frazier* DATE **06/30/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GIAMBRONE, KIMBERLY	
STREET ADDRESS	21423 POWELL RD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTZELL, PHILIP	
STREET ADDRESS	P.O. BOX 440	
CITY-ST-ZIP	NOBELTON, FL 34661	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, MONNIE	
STREET ADDRESS	18160 SPANGLER AVE.	
CITY-ST-ZIP	BROOKSVILLE, FL 34604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE JACKSON	
STREET ADDRESS	15451 OAK MANOR CT	
CITY-ST-ZIP	BROOKSVILLE FL 34604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Brenda E Frazier* DATE: **06/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #