2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-18-2005 90581 010 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20037141

DOCUMENT # N04000000494

1. Entity Name
MIDWAY BAPTIST CHURCH OF MAYO, FLORIDA, INC.

Principal Place of Business	Mailing Address
3407 SE CR 405 MAYO, FL 32066	P O BOX 438 MAYO, FL 32066

03242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, CHARLES K 1100 SE KOMONDOR RD BRANFORD, FL 32008	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, CHARLES K 1100 SE KOMONDOR RD BRANFORD, FL 32008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HICKS, MICHAEL D PO BOX 342 MAYO, FL 32066	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Christopher Hawkins 1823 SE CR 405 Mayo FL 32066 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, C JOSEPH P O BOX 571 MAYO, FL 32066	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Darren Wimberley SW Wimberley Cir Mayo FL 32066 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPIKES, SHON V 714 SE GOBBLER RD BRANFORD, FL 32008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REVELS, JAMES D 697 SE WIMBERLEY CR MAYO, FL 32066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIMBERLEY, G CHRISTINA<br ~~RT 2 BOX 1235~~ 593 SE Wimberley Cir MAYO, FL 32066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Charles K Thomas Charles K Thomas 386-935-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
4-12-05

10/26