## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 24, 2005 8:00 am

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1. Entity Nam	MENT # N0400000 ST BAPTIST CHURCH OF	CONTRACTOR OF THE CONTRACTOR O	Secretary of State 08-24-2005 90056 033 ****61.25					
8910 N HWY	e of Business *301.* 33637- <del>67</del> 93.*	Mailing Address 8910 N HWY:301 TAMPA, RE 33637-679					 K <b>in ii ii ii</b>	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08152005 Ch	ng-NP CR2	2E037 (10/03)		
City & Stat	e	City & State		4. FEt Number	·	-	plied For t Applicable	
Zip	Country	Zip	Country	5: Certificate of St	atus Desired	\$8.75 Add		
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New Registe	red Agent		
NASON, P 1209 N BA PLANT CI		: Street Address (		tress (P.O. Box Number is N	(P.O. Box Number is Not Acceptable)			
	<u></u>		City		<del></del>	FL Zip Code	<del></del>	
the obligat	ions of registered agent.  Signature, typed or printed name of registered ages	n and trie f applicable. (NOTE:	Registered Agent signature	required when remitte(mg)		AYE		
	Filing Fee is \$61.25 us by September 7, 2005 OFFICERS AND D	9. Election Camp Trust Fund Co		J \$5.00 May Be Added to Fees	Florida Da	heck payable to partment of St	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASON, PHILIP W 1209 N BARNES ST PLANT CITY, FL 33566	☐ Delizte	TITLE NAME STREET ADORESS CITY-ST-ZIP	Agomenty change	20 TO OFFICE IN AMI	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, FAYE 4204 CROMWILL DR TAMPA, FL 33610	☐ Ociete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE Name Street address City-SI-ZIP	T ROBERTSON, LEONARD 822 W KIRBY STREET TAMPA, FL 33604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CATY-ST-ZIP	Trustee Henry Nesbit 34250 Sun Ridg Dade City, FL	e brive 33523	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME	Trustee Barry Sanders 10713 N. Ojus Tampa, FL 331		☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tructee Smith 4413 Grandfre Thonotosassa.	1d,#B	☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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: _	Rhilip	W-	Marin		NASOH	8/20/05	(813) 707-877
	SIGNATURE NO TYPED OR PRINTED OME OF SIGNING OFFICER OR DIRECTOR				Dete	Daytime Phone II	