2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 25, 2005 8:00 am
Secretary of State

04-29-2005 90297 035 ****70.00

DOCUMENT # N04000005891

1. Entity Name
DELLWOOD BAPTIST CHURCH OF DELLWOOD, FLORIDA, INC.

Principal Place of Business
6512 BLUE SPRINGS ROAD
GREENWOOD, FL 32443

Mailing Address
6512 BLUE SPRINGS ROAD
GREENWOOD, FL 32443

000109J56

04242005 Chg-NP CR2E037 (10/03)

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-2402182 | Applied For | Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BASFORD, ALVINA
6462 BLUE SPRINGS ROAD
GREENWOOD, FL 32443

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 Alvina Basford 4-27-05
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

TITLE	D	☐ Delete
NAME	FOLSOM, JIMMY D	
STREET ADDRESS	2812 STEPHENS ROAD	
CITY-ST-ZIP	GRAND RIDGE, FL 32442	
TITLE	D	☐ Delete
NAME	CARNLEY, WINFRED	
STREET ADDRESS	POST OFFICE BOX 443	
CITY-ST-ZIP	GREENWOOD, FL 32443	
TITLE	D	☐ Delete
NAME	BASFORD, LELAND	
STREET ADDRESS	6181 OLD SPANISH TRAIL	
CITY-ST-ZIP	MARIANNA, FL 32448	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: [signature] 4-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #