
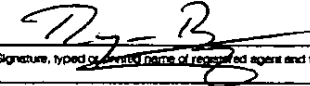
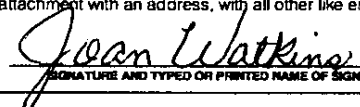


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



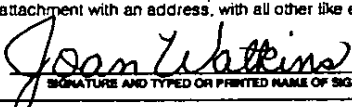
**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90027 002 \*\*\*\*61.25

<b>DOCUMENT # N04000010997</b>					
<b>1. Entity Name</b> FIRST BAPTIST CHURCH OF ESTO, INC.					
<b>Principal Place of Business</b> 3442 SPRING VALLEY LANE BONIFAY, FL 32425			<b>Mailing Address</b> 3442 SPRING VALLEY LANE BONIFAY, FL 32425		
<b>2. Principal Place of Business</b> 1050 North Highway 79		<b>3. Mailing Address</b> P.O. Box 5111			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Bonifay, Florida		<b>City &amp; State</b> Esto, Florida		<b>4. FEI Number</b> 74-3104965	
<b>Zip</b> 32425		<b>Country</b> USA		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>8. Name and Address of Current Registered Agent</b>  BEGUE, RYAN 1050 N HWY 79 BONIFAY, FL 32425			<b>7. Name and Address of New Registered Agent</b>  Name: Ryan Begue Street Address (P.O. Box Number is Not Acceptable): 3442 SPRING Valley Lane City: Bonifay FL Zip Code: 32425		
<b>9. 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.</b>					
SIGNATURE: 				DATE: 3-6-05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			Trustee Neil Culbreth 701 Spruce Road Graceville, Florida 32440		
[Empty Row]			Trustee Jeff Elmore 1737 Highway 173 Graceville, Florida 32440		
[Empty Row]			Trustee / Clerk Frances Kirkland P.O. Box 5103 Esto, Florida 32425		
[Empty Row]			Trustee Louise McGowan P.O. Box 5101 Esto, Florida 32425		
[Empty Row]			Trustee Jerry Newman 1358 Gavin Road Bonifay, Florida 32425		
[Empty Row]			Trustee / Treasurer Joan Watkins P.O. Box 234 Graceville, Florida 32440		
<b>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.</b>					
<b>SIGNATURE:</b>  <b>Joan Watkins</b> <b>3-20-05</b> <b>850-263-3250</b> Signature and typed or printed name of signing officer or director Date Daytime Phone #					

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT # N04000010997</b> 1. Entity Name FIRST BAPTIST CHURCH OF ESTO, INC.					
Principal Place of Business 3442 SPRING VALLEY LANE BONIFAY, FL 32425			Mailing Address 3442 SPRING VALLEY LANE BONIFAY, FL 32425		
2. Principal Place of Business 1050 North Highway 79		3. Mailing Address P.O. Box 5111			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bonifay, Florida		City & State Esto, Florida		4. FEI Number 74-3104965	
Zip 32425		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BEGUE, RYAN 1050 N HWY 79 BONIFAY, FL 32425				7. Name and Address of New Registered Agent Name: Ryan Begue Street Address (P.O. Box Number is Not Acceptable): 3442 Spring Valley Lane City: Bonifay FL Zip Code: 32425	
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 3-6-05 <small>(NOTE: Registered Agent signature required when re-registering)</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					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Brady Wells P.O. Box 5114 Esto, Florida 32425 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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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:  <b>Joan Watkins</b> 3-20-05 850-263-3250 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					