2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N04005

1. Entity Name
HIGHLAND FIRST BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
P. O. BOX 233 STATE ROAD 301 NORTH LAWTEY, FL 32058 US	P. O. BOX 233 STATE ROAD 301 NORTH LAWTEY, FL 32058 US

03292005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3203176
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNS, BRENDA
1867 NOLAN RD.
MIDDLEBURG, FL 32068

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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 _____ DATE
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 May 1, 2005

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

U00000292710
04/07/05-80082-008 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIFFIS, JAMES
STREET ADDRESS	791 NE CR 125
CITY ST ZIP	LAWTEY, FL 32058
TITLE	D
NAME	HELMLINGER, DON
STREET ADDRESS	RT. 1 BOX 876A
CITY ST ZIP	LAWTEY, FL
TITLE	D
NAME	PENDARVIS, FRED
STREET ADDRESS	23522 NE 7TH AVE
CITY ST ZIP	LAWTEY, FL 32058
TITLE	D
NAME	JONES, HAROLD
STREET ADDRESS	1311 NE 236TH ST.
CITY ST ZIP	LAWTEY, FL 32058
TITLE	T
NAME	JOHNS, BRENDA
STREET ADDRESS	1867 NOLAN RD.
CITY ST ZIP	MIDDLEBURG, FL 32068
TITLE	S
NAME	PENDARVIS, CLARENCE
STREET ADDRESS	23606 NE 8TH AVE.
CITY ST ZIP	LAWTEY, FL 32058

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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] 3-30-05 904-334-2803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #