

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90215 037 \*\*\*\*61.25

**DOCUMENT # N05275**

1. Entity Name

CALOOSA BAPTIST CHURCH, INC.



Principal Place of Business

500 WEST HIGHWAY 80  
P O BOX 1516  
LABELLE FL 33935

Mailing Address

POB 1516  
P O BOX 1516  
LABELLE FL 33975  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Hendry

Zip

Country

Hendry

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAIG, DONALD L  
900 W HICKPOOCHIE #A-3 (new street name)  
LABELLE FL 33935

Name

Street Address (P.O. Box Number is Not Acceptable)

900 Agua Isles Blvd #A-3

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

**FILE NOW: 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	PT	<input type="checkbox"/> Delete
NAME	CRAIG, DONALD L	
STREET ADDRESS	900 W HICKPOOCHIE #A-3	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	URBANOWSKI, LAVERNE	
STREET ADDRESS	1730 SILVER LAKE RD	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOUB, IRENE	
STREET ADDRESS	POB 983	
CITY-ST-ZIP	LABELLE FL 33975	
TITLE	Treasurer-Trustee	<input type="checkbox"/> Delete
NAME	Giselle Rambarran	
STREET ADDRESS	P.O. B. 2900	
CITY-ST-ZIP	La Belle, FL 33975	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900 Agua Isles Blvd #A-3	
CITY-ST-ZIP		
TITLE	Treasurer/Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giselle Rambarran	
STREET ADDRESS	P.O. B. 2900	
CITY-ST-ZIP	La Belle, FL 33975	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Donald L. Craig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05 8636121226

Date

Daytime Phone #