

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06248**

1. Entity Name  
FIRST BAPTIST CHURCH OF STUART, FLORIDA, INC.



Principal Place of Business  
201 W. OCEAN BLVD.  
STUART, FL 34994-2945

Mailing Address  
201 W. OCEAN BLVD.  
STUART, FL 34994-2945



07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-0816435

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TAYLOR, LARRY  
201 W. OCEAN BLVD.  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BURGESS, DR. ROBERT  
STREET ADDRESS 667 SW HIDDEN RIVER AVE  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D  
NAME LONG, BILL  
STREET ADDRESS 4337 SE SORTLADO CAY WAY  
CITY-ST-ZIP STUART, FL 34997

TITLE D  
NAME ALLEY, DAN  
STREET ADDRESS 511 HIBISCUS AVE  
CITY-ST-ZIP STUART, FL 34996

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000166229  
07/14/04-80009-005 70.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGN.**

**BY:**

*Dr. Robert Burgess*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-04

Date

(772) 219-8022

Daytime Phone #