## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 26, 2004 08:00 AM **Secretary of State** DOCUMENT # N07821 1. Entity Name FIRST BAPTIST CHURCH AT THE MALL. INC. Principal Place of Business Mailing Address P.O. BOX 90669 1010 E, MEMORIAL BLVD. LAKELAND, FL 33804 LAKELAND, FL 33801 03042004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0637836 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE WELLS, GENE E. 1010 E MEMORIAL BLVD LAKELAND, FL 33801 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. UÜUÜÜÜÜÜ97318 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 03/26/04-80033-022 61.25 П Trust Fund Contribution. Added to Fees Due by May 1, 2004 OFFICERS AND DIRECTORS 10. TITLE NAME FLETCHER, RALPH L. STREET ADDRESS 2325 BRANDON ROAD LAKELAND, FL CITY-ST-ZIP 3T3LE MCLENDON, ROBERT NAME STREET ADDRESS 1232 VALLEY HILL DR CITY-ST-ZIP LAKELAND, FL TILE WEEKS, RALPH W NAME STREET ADORESS PO BOX 549 DO NOT WRITE CTY-ST-ZP LAKELAND, FL 33802 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP πιε 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 MAR 2004

863.682.0163

**FILED**