


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N08455 1. Entity Name FIRST BAPTIST CHURCH OF CASSELBERRY, INC.	
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Principal Place of Business 770 SEMINOLA BOULEVARD CASSELBERRY, FL 32707	Mailing Address 770 SEMINOLA BOULEVARD CASSELBERRY, FL 32707
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04212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1107558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, SHEPPARD
139 MARK DAVID BLVD
CASSELBERRY, FL 32707

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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) _____ DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANDLESS, RANDY 5828 RIDGE CLUB LOOP #107 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANNEL, VERA 875 TUMBLEWOOD LOOP CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLAYTON, SHEPPARD 139 MARK DAVID BLVD CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ESKITE, DEBBIE 1583 CANTERBURY CIRCLE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, FLORENCE 633 LAKE DOT CIRCLE APT #612 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000328902
04/25/05-80096-015 61.25

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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.

SIGNATURE: Deborah A. Eskite Deborah A. Eskite 4/22/05 907-331-5599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #