2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N15245

1. Entity Name
DOGWOOD PARK BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
3301 HIGHWAY 97 MOLINO, FL 32577 US	3301 HIGHWAY 97 MOLINO, FL 32577 US

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01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2649388
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, E. LAMAR
10020 PILGRIM TRAIL
CANTONMENT, FL 32533

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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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	HASSEBROCK, BENNIE
STREET ADDRESS	141 ST HWY 97
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	T
NAME	FOX, JOE L
STREET ADDRESS	1948 SMYERS RD.
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	PD
NAME	SMITH, E L
STREET ADDRESS	10020 PILGRIM TRAIL
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	T
NAME	MALONE, HARVEY R II
STREET ADDRESS	9580 N BARTH ROAD
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/04-80043-019 61.25

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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: E Lamar Smith 1-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 850-587-2241

E. Lamar Smith