

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90284 006 ****61.25

DOCUMENT # N16362

1. Entity Name
ELIM BAPTIST CHURCH, INC.



Principal Place of Business
**3435 SW ELIM CHURCH RD
FORT WHITE, FL 32038**

Mailing Address
**P O BOX 448
FT. WHITE, FL 32038 US**

11011011



2. Principal Place of Business
3435 SW Elim Church Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005 Chg-NP CR2E037 (10/03)

City & State

Fort White, FL

City & State

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Zip
32038

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**MACMANUS, GARY
3990 S.W. ELIM CHURCH RD
FORT WHITE, FL 32038**

7. Name and Address of New Registered Agent

Name **Bob Herlong**

Street Address (P.O. Box Number is Not Acceptable)
240 SW Scattered Oaks Ct.

City
Fort White

FL

Zip Code
32038

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 *Bob Herlong*

Bob Herlong

4-26-05

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 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 **D** ☒ Delete
NAME **MARTIN, J. WILLIE**
STREET ADDRESS **ROUTE 3, BOX 5707**
CITY-ST-ZIP **FORT WHITE, FL 32038**

TITLE **D** ☒ Delete
NAME **MACMANUS, GARY**
STREET ADDRESS **3990 SW ELIM CHURCH RD**
CITY-ST-ZIP **FORT WHITE, FL 32038**

TITLE **T** ☐ Delete
NAME **HAWKINS, GWENDOLYN**
STREET ADDRESS **6855 SW ELIM CHURCH RD**
CITY-ST-ZIP **FORT WHITE, FL 32038**

TITLE **S** ☐ Delete
NAME **PORTER, ANNIE L.**
STREET ADDRESS **RT. 2 BOX 4960**
CITY-ST-ZIP **FT. WHITE, FL**

TITLE **D** ☐ Delete
NAME **WILSON, RUSSELL**
STREET ADDRESS **16955 S.W. STATE ROAD 47**
CITY-ST-ZIP **FORT WHITE, FL 32038**

TITLE **D** ☐ Delete
NAME **HERLONG, BOB**
STREET ADDRESS **240 SW SCATTERED OAKS CT.**
CITY-ST-ZIP **FORT WHITE, FL 32038**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Hollingsworth, Carlton**
STREET ADDRESS **P. O. Box 494**
CITY-ST-ZIP **Fort White, FL 32038**

TITLE **D** ☒ Change ☐ Addition
NAME **Stalnaker, Cecil Wade**
STREET ADDRESS **957 SW Beaver St.**
CITY-ST-ZIP **Fort White, FL 32038**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bob Herlong

Bob Herlong

4-26-05

386-497-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #