

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19155

FILED
Apr 17, 2005
Secretary of State

Entity Name: INDIANTOWN BAPTIST CHURCH, INC.

Current Principal Place of Business:

15457 SW 150TH STREET
P.O. BOX 396
INDIANTOWN, FL 349563323 US

New Principal Place of Business:

Current Mailing Address:

15457 S.W. 150 STREET
P.O. BOX 396
INDIANTOWN, FL 349563323 US

New Mailing Address:

FEI Number: 59-1310764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDEN, CLARENCE H
16248 SW INDIANWOOD CIRCLE
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDEN, CLARENCE H
Address: 16248 SW INDIANWOOD CIRCLE
City-St-Zip: INDIANTOWN, FL 34956

Title: VD () Delete
Name: MCALLISTER, LYTELL
Address: 16401 PALOMINO STREET PO BOX 253
City-St-Zip: INDIANTOWN, FL 34956

Title: SD () Delete
Name: GREEN, MYRTLE
Address: 14402 SW DIVOT DR
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: CARRIER, WORLEY
Address: 8525 SW KANNER HWY
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRTLE GREEN

C/C

04/17/2005

Electronic Signature of Signing Officer or Director

Date