

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 25, 2005
Secretary of State**

DOCUMENT# N20541

Entity Name: FIRST BAPTIST CHURCH OF CHATTAHOOCHEE

Current Principal Place of Business:

503 SOUTH MAIN STREET
CHATTAHOOCHEE, FL 32324 US

New Principal Place of Business:

Current Mailing Address:

503 SOUTH MAIN STREET
CHATTAHOOCHEE, FL 32324 US

New Mailing Address:

FEI Number: 59-1291395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASFORD, SAMUEL
921 MORGAN AVENUE
CHATTAHOOCHEE, FL 32324 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: DD () Delete
Name: OWENS, DOYLE
Address: 641 GREGORY ST.
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: DD () Delete
Name: SHELTON, ALVIN E
Address: 4520 HARDAWAY HIGHWAY
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: DD () Delete
Name: BOYD, JOE
Address: 630 CAMP ROAD
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: DD () Delete
Name: WILSON, ELBERT
Address: 513 DARIEN ST.
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: DD () Delete
Name: TAYLOR, JAMES
Address: 824 PINE AVE
City-St-Zip: CHATTAHOOCHEE, FL

Title: DD () Delete
Name: WILHELMS, RICHARD
Address: 1114 SHERWOOD LANE
City-St-Zip: CHATTAHOOCHEE, FL 32324

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:

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: VERNA KEELS

SEC

02/25/2005

Electronic Signature of Signing Officer or Director

_____ Date