

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 08:00 AM
Secretary of State

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| DOCUMENT # N22944 | |
| 1. Entity Name FELLOWSHIP INDEPENDENT BAPTIST CHURCH OF QUINCY, INC. | |



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|---|---|
| Principal Place of Business 651 SOUTH ADAMS STREET QUINCY, FL 32351 | Mailing Address 651 SOUTH ADAMS STREET QUINCY, FL 32351 |
|---|---|



03122003 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DANIEL, WILLIAM F.
418 EAST VIRGINIA STREET
TALLAHASSEE, FL 32302**

DO NOT WRITE 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 _____

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| Filing Fee is \$61.25 Due by September 8, 2004 | 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 | PD GREEN, WILLIAM A. 631 N CALHOUN ST QUINCY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WILLIAMS, JAMES P. O. BOX 159 N/A MIDWAY, FL 32343 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD STACKHOUSE, ELIJAH 3102-B JIM LEE RD TALLAHASSEE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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05/19/04-80001-001 70.00

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05/19/04-80001-001 70.00

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: *William A. Green* **William A. Green** **5/18/04 (850) 875-1214**

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