

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23570

FILED
Apr 26, 2005
Secretary of State

Entity Name: SHAMROCK FIRST BAPTIST CHURCH, INC.

Current Principal Place of Business:

SHAMROCK FIST BAPTIST CHURCH
PO BOX 966
HAINES CITY, FL 33845 US

New Principal Place of Business:

Current Mailing Address:

SHAMROCK FIST BAPTIST CHURCH
PO BOX 966
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 59-2434600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, BOBBY
2112 SNELL CREEK RD
DAVENPORT, FL 33837 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: TT () Delete
Name: GROOVER, DORIS
Address: 3213 LK. BREEZE DR.
City-St-Zip: HAINES CITY, FL 33844

Title: TR () Delete
Name: DYER, KATHY L
Address: 616 N PARK RD
City-St-Zip: DAVENPORT, FL 33837

Title: TT () Delete
Name: BLAKE, GERALD
Address: 138 SILVER CREST DR.
City-St-Zip: HAINES CITY, FL 33844

Title: TR () Delete
Name: WOOD, JOYCE
Address: 3423 JOHNSON AVE
City-St-Zip: HAINES CITY, FL 33844

Title: TT () Delete
Name: EMMITT, JAMES
Address: 124 S. 4TH STREET
City-St-Zip: HAINES CITY, FL 33844

Title: TT (X) Delete
Name: WALLACE, GINNY
Address: 38 JUNIPER DR
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TT (X) Change () Addition
Name: WALLACE, GINNY
Address: 38 JUNIPER DR
City-St-Zip: DAVENPORT, FL 33837

Title: TR (X) Change () Addition
Name: DYER, KATHY L
Address: 616 N PARK RD
City-St-Zip: DAVENPORT, FL 33837

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: BOBBY KING

OFFI

04/26/2005

Electronic Signature of Signing Officer or Director

Date