

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90081 042 ****61.25

DOCUMENT # N24215

1. Entity Name

FIRST BAPTIST CHURCH BOCA GRANDE, FLORIDA
INC.



Principal Place of Business

421 4TH STREET
PO BOX 337
BOCA GRANDE FL 33921

Mailing Address

421 4TH STREET
PO BOX 337
BOCA GRANDE FL 33921

94006457



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0153893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSON, JANICE
6800 PLACIDA RD T.H. 1 B
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name **KATHY SAMMONS**
Street Address (P.O. Box Number is Not Acceptable)

3323 BLUE JAY LANE

City **ENGLEWOOD**

FL

Zip Code **34224**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 **POLK, DARRELL**
STREET ADDRESS **680 GASPARILLA ST.**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE **D** ☐ Delete
NAME **LARSON, WILLIAM**
STREET ADDRESS **6800 PLACIDA RD TH. 1 B**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☒ Delete
NAME **LARSON, JANICE**
STREET ADDRESS **6800 PLACIDA RD TH 1B**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **BENNETT SAMMONS**
STREET ADDRESS **3323 BLUEJAY LANE DEACON**
CITY-ST-ZIP **ENGLEWOOD, FL. 332234224**

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

TITLE ☒ Change ☐ Addition
NAME **KATHY SAMMONS**
STREET ADDRESS **3323 BLUE JAY LANE**
CITY-ST-ZIP **(TREASURER) ENGLEWOOD, FL 34224**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

PASTOR
GARY L. BEATTY 1-24-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #