


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

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		
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt # etc		
City & State			City & State		
Zip		Country		4. FEI Number 65-0153893	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SAMMONS, KATHY 3323 BLUEJAY LANE ENGLEWOOD FL 34224				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D SAMMONS, BENNETT 3323 BLUEJAY LANE ENGLEWOOD FL 34224 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP	000000197403 01/27/05-80010-012 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D LARSON, WILLIAM 6800 PLACIDA RD TH. 1 B ENGLEWOOD FL 34224 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T SAMMONS, KATHY 3323 BLUEJAY LANE ENGLEWOOD FL 34224 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kathy Sammons</u> KATHY SAMMONS					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>1-24-05</u>	
Daytime Phone # <u>941-964-2386</u>					