

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

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90008 016 ****70.00

DOCUMENT # N25357

1. Entity Name

FIRST BAPTIST CHURCH OF CUYLER, INC.



Principal Place of Business

11226 OSCEOLA RD
 GLEN ST. MARY FL 32040

Mailing Address

PO BOX 608
 GLEN ST. MARY FL 32040

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

City & State

4. FEI Number

59-2117400

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLARTY, EDWARD
 21460 BARN RD.
 SANDERSON FL 32087

7. Name and Address of New Registered Agent

Name

Heppner, Michael W.

Street Address (P.O. Box Number is Not Acceptable)

12575 Heppner Lane

City

Sanderson

FL

Zip Code

32087

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

Michael W. Heppner Michael W. Heppner

3-28-04

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	<input type="checkbox"/> Delete
NAME	HEPPNER, MICHAEL W	
STREET ADDRESS	P O BOX 33 N/A	
CITY-ST-ZIP	SANDERSON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORTHINGTON, BILLY	
STREET ADDRESS	RT 1 BOX 575 N/A	
CITY-ST-ZIP	SANDERSON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCLARTY, EDWARD	
STREET ADDRESS	21460 BARN RD.	
CITY-ST-ZIP	SANDERSON FL 32087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barnett, Dennis	
STREET ADDRESS	19191 Crews, Rd.	
CITY-ST-ZIP	Glen St. Mary, FL 32040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael W. Heppner Michael W. Heppner

17 March 04 (904) 259-4846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REC'D MAR 12 2004