


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90180 023 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2117400	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HEPPNER, MICHAEL W 12575 HEPPNER LANE SANDERSON, FL 32087				7. Name and Address of New Registered Agent Name: <u>Willard W. Worthington Jr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>21347 memory ln</u> City: <u>Sanderson</u> FL Zip Code: <u>32087</u>	
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>2-6-05</u> <small>(NOTE: Registered Agent signature required when reconstituting)</small>	
Filing 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	D <input checked="" type="checkbox"/> Delete	TITLE	Richard B. Sutton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HEPPNER, MICHAEL W	NAME	773 perryman Ln		
STREET ADDRESS	P O BOX 33 N/A	STREET ADDRESS	Jacksonville, FL 32221		
CITY-ST-ZIP	SANDERSON, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Debbie Sparkman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WORTHINGTON, BILLY	NAME	19760 Crews Rd		
STREET ADDRESS	RT 1 BOX 575 N/A	STREET ADDRESS	Glen St Mary FL 32040		
CITY-ST-ZIP	SANDERSON, FL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	BARNETT, DENNIS	NAME			
STREET ADDRESS	19191 CREWS RD.	STREET ADDRESS			
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>2-6-05</u> Daytime Phone #: <u>904-653-2096</u>	