
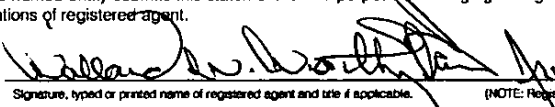
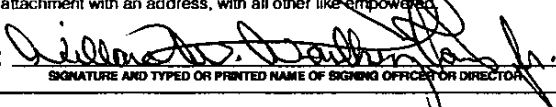


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HEPPNER, MICHAEL W 12575 HEPPNER LANE SANDERSON, FL 32087		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: 		DATE: <u>2-6-05</u>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPPNER, MICHAEL W P O BOX 33 N/A SANDERSON, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Richard G. Sutton</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>773 Perryman Ln</u> <u>Jacksonville, Fl. 32221</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTHINGTON, BILLY RT 1 BOX 575 N/A SANDERSON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Debbie Sparkman</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>19760 Crews Rd</u> <u>Glen St Mary Fl 32040</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, DENNIS 19191 CREWS RD. GLEN SAINT MARY, FL 32040 <input checked="" 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: 		DATE: <u>2-6-05</u> Daytime Phone #: <u>904-653-2096</u>	

