

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N26181
 1. Entity Name
 FIRST BAPTIST CHURCH OF ALACHUA, INC.



Principal Place of Business Mailing Address
 POST OFFICE BOX 97 POST OFFICE BOX 97
 ALACHUA, FL 32616 ALACHUA, FL 32616

DO NOT WRITE IN THIS SPACE



04222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1161292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 METZLER, MICHAEL K
 2630 NW 41ST ST.
 BUILDING A
 GAINESVILLE, FL 32606

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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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYAN, ALICE 14823 N.W 94TH AVENUE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T METZLER, MICHAEL 2630-A N.W. 41ST ST GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUGEWOOD, BRUCE 14715 NW 39TH PLACE NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVENPORT, JULIUS 81 TURKEY CREEK ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/04-80086-002 61.25

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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 Metzler Michael Metzler 4/22/04 352-374-9717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Even Phone #