

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-20-2004 90043 020 ****61.25

DOCUMENT # N27595

1. Entity Name
BOSTWICK MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
**131 TILLMAN ST
BOSTWICK, FL 32007**

Mailing Address
**P.O. BOX 64
BOSTWICK, FL 32007**

66400463



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1939561

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

7. Name and Address of New Registered Agent

**WEEKS, REV. JACK
131 TILLMAN ST
BOSTWICK, FL 32007**

Name **Keever, Rev. David L.**

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

City **Bostwick**

FL

Zip Code **32007**

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

David L. Keever

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$81.25
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ASD** ☐ Delete
NAME **WILLIAMS, HERBERT**
STREET ADDRESS **P.O BOX 53 N/A**
CITY-ST-ZIP **BOSTWICK, FL 32007**

TITLE **ASD** ☐ Change ☒ Addition
NAME **Jerry L. Kirkland**
STREET ADDRESS **P. O. Box 164 165 Cazzie Dr.**
CITY-ST-ZIP **Bostwick, FL 32007**

TITLE **T** ☒ Delete
NAME **SMITH, TOMMY**
STREET ADDRESS **201 CEDAR CREEK RD**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASD** ☐ Delete
NAME **WILLIAMS, ISAIAH**
STREET ADDRESS **PO BOX 485**
CITY-ST-ZIP **BOSTWICK, FL 32007**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASD** ☒ Delete
NAME **MCGAHEY, WILLARD**
STREET ADDRESS **PO BOX 53 N/A**
CITY-ST-ZIP **BOSTWICK, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **PEACOCK, GEORGE**
STREET ADDRESS **460 CEDAR CREEK RD**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **REGISTER, DONALD**
STREET ADDRESS **514 MILLICAN RD.**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Change ☐ 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:

Herbert Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04

Date

386-328-3869

Daytime Phone #