

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State
3/8/2004

DOCUMENT # N30659

1. Entity Name
FIRST BAPTIST CHURCH MULBERRY, INC.



Principal Place of Business
**300 NE 1ST AVE.
MULBERRY, FL 33860**

Mailing Address
**300 NE 1ST AVE.
MULBERRY, FL 33860**

DO NOT WRITE IN THIS SPACE



03082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0863246

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAUDILL, JOANN
323 FAYE CIR N
LAKE LAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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

000000109344
04/12/04-80038-021 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
JONES, PIERCE
6109 E IRBY LN
LAKE LAND, FL 33811**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
GREG, JENKINS
2955 GORDON ST
MULBERRY, FL 33860**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MCDONALD, WATSON
1304 NE 7TH ST.
MULBERRY, FL 33860**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/04 863-425-1174